



COCKER

COLLEGE

INDEPENDENT VERIFICATION 6 DOCUMENT

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for verification. Federal regulations require Coker College to request and verify information before awarding federal aid. The information submitted will be compared to your FAFSA information. If corrections are needed based upon the information submitted, the Office of Student Financial Planning will submit electronic corrections and the FAFSA processors will email you an updated student aid report. Contact your financial aid counselor if you have questions. Complete and submit this verification form along with signed copies of financial documents to the Office of Student Financial Planning. Your financial aid will not be processed until all requested information has been submitted.

A. Student's Information

_____	_____	_____	_____
Last name	First Name	M.I.	Student ID Number
_____			_____
Street Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Home Phone Number with Area Code
_____			_____
Email Address			Cell Phone Number with Area Code

B. Student's Family Information

List below the people in your household. Include:

- Yourself and your spouse (if married), or significant other
- Children and stepchildren if you or your spouse/significant other will provide more than half of their support from July 1, 2016 through June 30, 2017, even if the children do not live with the student
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016 and June 30, 2017. *Note: We may require additional documentation on those enrolled in postsecondary institutions.*

Full Name	Age	Relationship	College	Enrolled at least half-time?
		<i>Student</i>	<i>Coker College</i>	

Coker College

Office of Student Financial Planning | 300 E. College Avenue | Hartsville, SC 29550
843-383-8055 | 800-950-1908 | 843-383-8159 Fax | financial_aid@coker.edu

Student Name: _____ Student ID#: _____

C. Income Information to be Verified

1. TAX RETURN FILERS

Instructions: Complete this section if you, the student, filed or will file a 2015 income tax return with the IRS. *The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to fafsa.ed.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into your FAFSA. It takes up to two weeks for IRS income information to be available for the IRS Data Retrieval Tool for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers. If you need more information about when, or how to use the IRS Data Retrieval Tool see your financial aid counselor.*

Check the box that applies:

- I, the student, and spouse/significant other, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2015 IRS income information into the FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. *The school will use the IRS information that was transferred in the verification process and may request additional IRS documents.*
- I, the student, and spouse/significant other have not yet used the IRS Data Retrieval Tool, but will provide 2015 IRS Tax Transcripts to the Office of Student Financial Planning. *The school may request additional IRS documents at a later time.*
- I, the student, and spouse/significant other, are unable or select not to use the IRS Data Retrieval Tool in FAFSA on the Web, and will submit the 2015 IRS tax return transcripts to the Office of Student Financial Planning. *To obtain an IRS tax return transcript, go to www.irs.gov and click on the “Order a Return or Account Transcript” link. Make sure to request the “IRS tax return transcript” and not the “IRS tax account transcript.” You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when your 2015 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers.*
- I, the student, and spouse/significant other, filed amended IRS Income Tax Returns. Provide a 2015 IRS Tax Return Transcript and a signed copy of the 2015 IRS Form 1040X that was filed with the IRS.

2. TAX RETURN NONFILERS

Complete this section if you, the student, and your spouse/significant other, will not file and are not required to file a 2015 income tax return with the IRS. Provide a copy of the IRS Non-Filer document—the student, and spouse/significant other, will request this document from the IRS.

Check the box that applies:

- The student, and/or spouse/significant other, was not employed and had no income earned from work in 2015.
- The student, and/or spouse/significant other, was employed in 2015 and has listed below the names of all employers and the amount earned from each employer in 2015. **Attach copies of your 2015 IRS W-2 Transcripts that you and your spouse or significant other received from the IRS.** List every employer even if the employer did not issue an IRS W-2 form. *If more space is needed, attach a separate page with your name and Student ID # at the top.*

Employer’s Name	2015 Amount Earned

Student Name: _____ **Student ID#:** _____

D. Students, and Spouse/Significant Other, Other Information to be Verified

- The student certifies that _____, a member of the students' household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). The students' household includes: the student; spouse/significant other; student's and spouse/significant others' children and other children if will provide more than half of the children's support from July 1, 2015, through June 30, 2016. Include other people if they now live with the student and the student provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2016.

SIGN here if NO ONE in the household received SNAP benefits in 2014 and 2015: _____

- Complete this section if the student or spouse/significant other **paid** child support in 2015. Provide yearly amount of support paid. ***If you need more space, attach a separate page that includes your name and Student ID # at the top. Note: We reserve the right to request: a copy of child payment checks, money order receipts, or records of electronic payments.*

Name of Person that Paid Child Support	Name of Person that Received Child Support	Name of Child for Whom Support was Paid	Child's Age	Support Paid

SIGN: I certify that I paid the child support referenced above: _____

Signature of Person(s) who paid child support

- Complete this section if one of the student or spouse/significant other **received** child support in 2015. Provide yearly amount of support received. *** If you need more space, attach a separate page that includes your name and Student ID # at the top. Note: We reserve the right to request: a copy of child payment checks, money order receipts, or records of electronic payments.*

Name of Person that Received Child Support	Name of Person that Paid Child Support	Name of Child that Support was Received	Child's Age	Support Received

SIGN: I certify that child support was not received. _____ *Signature of Student*

- Complete this section if you or your spouse/significant other made payments to tax-deferred pension and/or retirement savings in 2015. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including but not limited to amounts reported on W-2s in boxes 12a, b, c, and d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Annual Amount Paid

- Complete this section if you or your spouse/significant had untaxed portions of Income Retirement Account (IRA) distributions, IRA Deductions payments, and/or untaxed portion of Pension and Annuity distributions. These items may be found on your 1040 Form, the Office of Student Financial Planning may request additional documents.

IRA Distribution Payment	IRA Deductions Payment	Untaxed Portion of Pension and Annuity Distribution

Student Name: _____ **Student ID#:** _____

6. Complete this section if you received the Education Tax Credit on your taxes.

Education Tax Credit Received	Amount Received

7. Complete this section if the student or someone in your household received Veterans non-education benefits in 2015. Include disability, death pension, dependency and indemnity compensation (DIC), and/or VA educational work-study allowances. DO NOT INCLUDE federal veterans educational benefits such as Post 9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, or VEAP Benefits.

Name of Recipient	Type of Veterans Non-education Benefit Received	Annual Amount Benefit Received

8. Complete this section if the student or spouse/significant other received other untaxed income during 2015 such as: housing, food, living allowances paid to clergy, military members, or others; workers' compensation; disability; Black Lung benefits; untaxed portions of health savings accounts from IRS Form 1040 Line 25; Railroad Retirement benefits; etc. Include cash payments and/or cash value of received benefits. Do not include the value of on-base housing or the basic allowance for housing, student aid, Earned Income Credit, Additional Child Tax Credit, TANF, SSI, untaxed Social Security benefits, WIA, combat pay, benefits from flexible spending arrangements like cafeteria plans or foreign income exclusion.

Name of Recipient	Type of Benefit/Other Untaxed Income Received	Annual Amount of Benefit/Other Untaxed Income

9. Money received or paid on the student's or spouse/significant other's behalf. List any money received or paid on the student's or spouse/significant other's behalf (e.g., payment of bills) and not reported elsewhere on this form. Include amounts paid from any distributions to the student and/or spouse/significant other from a 529 plan owned by someone other than the student.

Purpose of Money Received (Cash, rent, books)	Annual Amount Received in 2015	Source

10. Provide information about any other resources, benefits, and other amounts received by the student and any member of the student's household. Including items that were not required to be reported on the FAFSA or other forms submitted to the Office of Student Financial Planning, and include federal veterans' education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Annual Amount of Support Received in 2015

E. Certification and Signature - I certify that all of the information reported is complete and correct.

Student Signature

Date

WARNING: If you purposely give false or misleading information on this document, you may be fined, sentenced to jail, or both.

