

# Lawson State Community College 2019-2020 Verification Worksheet Federal Student Aid Programs

Your application was selected for review in a process called "verification." In this process, we will be comparing information from your application with selected verification items as deemed required by the US Dept. of Ed. If there are differences between your application information and your financial documents, we may need to make corrections electronically. **Your financial aid will not be processed until verification has been completed; therefore, please provide the required documents as soon as possible to prevent a delay in your financial aid.**

**Student Information**

\_\_\_\_\_  
Last Name                      First Name                      M.I.

\_\_\_\_\_  
Address (include apt. no.)

\_\_\_\_\_  
City                                      State                                      Zip Code

What you should do.....

1. Collect yours and your spouse's requested documents.
2. Complete and sign the worksheet.
3. Submit the completed worksheet, tax transcript(s), and any other documents requested to our Office.

Lawson State Community College must review the requested information under the financial aid program rules (CFR Title 34, Part 668) and make the required changes.

\_\_\_\_\_  
Student Number (ID number)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number (include area code)

**Family Information**

List the people in your *household* including:

- student
- student's spouse, if student is married
- the student's or spouse's children, if (a) the student or spouse will provide more than half of their support from July 1, 2019, through June 30, 2020, even if the children do not live with the student, and
- other people if they now live with the student, and the student or the spouse provide more than half of their support and will continue to provide more than half of their support from July 1, 2019, through June 30, 2020.

Write your name and the names of all household members in the spaces below. Also write in the name of the college for any household member, including your spouse, who will be attending at least half time between July 1, 2019, and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE <i>if enrolled at least half time</i>
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Lawson State Community College</i>
		<b>S E L F</b>	

**TAX FORMS AND INCOME INFORMATION**

Check **one** box only in each column. Request a tax transcript, free of charge, from the Internal Revenue Service by phone (1-844-545-5640) or on-line at [www.irs.gov](http://www.irs.gov), or <http://www.irsdataretrievaltool.com/order-tax-return-transcript> . Verification cannot be completed until the IRS tax transcript(s) has been submitted to the College.

**STUDENT**

- I retrieved tax information from IRS and did not change it.
- Check and attach **signed 2017 U.S. tax transcript.**
- Check here if you **will not** file and **are not** required to file a 2017 U.S. Income Tax Return. If applicable, submit W-2(s).

**SPOUSE**

- I retrieved tax information from IRS and did not change it.
- Check and attach **signed 2017 U.S. tax transcript.**
- Check here if you **will not** file and **are not** required to 2017 U.S. Income Tax Return. If applicable, submit W-2(s).

# Independent V5

**Use the tables below to report annual amounts.**

Student	2017 Additional Financial Information	Parent
\$	Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form <b>1040 (line 49)</b> or <b>1040A (line 31)</b> .	\$
<b>2017 Untaxed Income</b>		
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the <b>W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.</b>	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form <b>1040 (total of lines 28 plus 32)</b> or <b>1040A (line 17)</b> .	\$
\$	Tax exempt interest income from IRS Form <b>1040 (line 8b)</b> or <b>1040A (line 8b)</b> .	\$
\$	Untaxed portions of IRA distributions from IRS Form <b>1040 (lines 15a minus 15b)</b> or <b>1040-A (lines 11a minus 11b)</b> . Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form <b>1040 (lines 16a minus 16b)</b> or <b>1040-A (lines 12a minus 12b)</b> . <b>Exclude rollovers.</b> If negative, enter a zero here.	\$

**NON TAX FILERS Only**

If you and/or your spouse **did not file** (and are not required to file a 2017 Federal income tax return), list below employer(s) and any income received in 2017. **A copy of your W-2(s) and IRS non filer form is required.**

Student's Employer(s)	2017 Amount

Spouse's Employer(s)	2017 Amount

**Other Information to Be Verified**

1. Complete this section if someone in the student's household (listed in Family Information) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2017 or 2018 calendar years.

I certify that a member of my household, as listed in Family Information of this worksheet, received SNAP benefits in 2017 or 2018. If requested, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2018.

2. Complete this section if the student or spouse paid child support in 2017.

The student or spouse listed in Family Information of this worksheet paid child support in 2017. The student has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2017 for each child. If requested, I will provide documentation of the payment of child support. *If you need more space, attach a separate page.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2017
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

**Sign this Worksheet**

By signing this worksheet, we certify that all the information reported, to qualify for Federal student aid, is complete and correct.

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

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Spouse Date

**RETURN FORM TO LAWSON STATE COMMUNITY COLLEGE AT ONE OF THE ADDRESSES BELOW**

Bessemer Campus  
1100 9<sup>th</sup> Avenue SW  
Bessemer, AL 35022  
(205) 929-3423

Birmingham Campus  
3060 Wilson Road  
Birmingham, AL 35221  
(205) 929-6380

**2019-2020 High School Completion Status  
V4/V5**

**INDEPENDENT**

**Student Information**

_____	_____	_____	_____
Last Name	First Name	M.I.	Student Number (ID number)
_____			_____
Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number (include area code)

Please check and provide one of the following documents that indicate your high school completion status when the student will begin college in 2019-2020.

- \_\_\_\_\_ A copy of the student’s high school diploma.
- \_\_\_\_\_ A copy of the student’s final official high school transcript that shows the **date** when the diploma was awarded.
- \_\_\_\_\_ A copy of the student’s General Educational Development (GED) certificate or GED transcript.
- \_\_\_\_\_ An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.
- \_\_\_\_\_ If state law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a school diploma or its recognized equivalent), a copy of that credential.
- \_\_\_\_\_ If state law does not require a homeschooled student to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student’s parent or guardian, that list the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

**If you are unable to obtain the documentation listed, you must contact the office of Student Financial Services.**

**Sign this Worksheet:** By signing this worksheet, we certify that all the information reported to qualify for Federal Student aid, is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____	_____	_____	_____
Student	Date	Spouse	Date

**Lawson State Community College  
2019-2020 Identity and Statement of Educational Purpose  
Federal Student Aid Programs**

**V4/V5**

**Student Information**

_____ Last Name	_____ First Name	_____ M.I.	_____ Student Number (ID number)
_____ Address (include apt. no.)			_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Phone Number (include area code)

**Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)**

The student must appear in person at Lawson State Community College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as but not limited to a driver's license, other state-issued ID, or passport. The institution will maintain a copy of student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lawson State Community College for 2019-2020.

_____ Student's Signature	_____ Student's ID Number	_____ Date
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<b><u>For FA Officer's Use Only</u></b>
_____ Signature of Official Receiving ID
_____ Date Received