

2018-2019 VERIFICATION WORKSHEET FOR INDEPENDENT STUDENT FORM 5

Student Name: _____

SID#: S_____ Phone: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Form must be completed in black or blue ink. Failure to accurately complete this form may result in a delay of processing or change of financial aid eligibility. Additional documentation may be requested. Read instructions carefully before completing.

Section 1: High School Completion Status

Please submit documentation to verify you have completed a high school education.

Acceptable documentation can include:

- A high school diploma or final official transcript with your graduation date.
- GED certificate or transcript.
- A transcript that indicates that you have successfully completed at least a two year program that is acceptable for full credit toward a bachelor's degree at any participating school.
- Home school credential or transcript.
- If high school completed in foreign country, a copy of the "secondary school leaving certificate" or similar document.

Type of Documentation Submitted: _____

_____ Designated institutional official: _____

Section 2: Identity

MUST BE COMPLETED AND SIGNED AT THE FINANCIAL AID OFFICE

If unable to appear in person at the Financial Aid Office, student must complete this section with a notary.

The student must appear in person at CCD's Financial Aid Office 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.

Type of documentation submitted: _____

Designated institutional official: _____

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Section 3: Statement of Educational Purpose

MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE

If unable to appear in person at the Financial Aid Office, you must complete this section with a notary.

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

I certify that I (student's printed name) _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Community College of Denver for the 2018-2019 school year.

Student Signature: _____ Date: _____

Notary Section Instructions: Please Read.

This section should only be completed if you are unable to appear in person at CCD's Financial Aid Office. This form (the original on which the seal is visible) should be mailed to CCD's Financial Aid Office along with the copy of the government-issued identification and high school documentation.

Notary's Certificate of Acknowledgement

State of _____, City/County of _____,
on (date) _____, before me (notary's name) _____,
personally appeared (printed name of signer) _____, and proved to me on
the basis of satisfactory evidence of identification (type of unexpired government-issued
photo ID provided) _____ to be the above-named person who signed the
foregoing instrument.

My commission expires on _____, 20_____

Notary Name (print): _____
(SEAL)

Notary Signature: _____

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Student Information

List the people in your household, including:

- **Yourself** (as the 'Student'), and **your spouse** if you were married at the time you completed the FAFSA and;
- **Your dependent children**, if you will provide more than half of their support * from July 1, 2018 through June 30, 2019, even if they do not live with you, and;
- **Other people** if they live with you and you provide more than half of their support* and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

**Support includes money, gifts, loans, housing, food, clothes, car, medical/dental care, college tuition, etc.*

Full name: _____

Age: _____

Relationship to student: _____

Name of the college attending (from July 1, 2018 to June 30, 2019. Must attend at least ½ time and be enrolled in an eligible degree and/or certificate.): _____

Full name: _____

Age: _____

Relationship to student: _____

Name of the college attending (from July 1, 2018 to June 30, 2019. Must attend at least ½ time and be enrolled in an eligible degree and/or certificate.): _____

Full name: _____

Age: _____

Relationship to student: _____

Name of the college attending (from July 1, 2018 to June 30, 2019. Must attend at least ½ time and be enrolled in an eligible degree and/or certificate.): _____

Use a separate sheet/page to list additional members in the household

Income Information

If you and/or your spouse filed a 2016 Federal Income Tax Return, you must either give the Internal Revenue Service (IRS) permission to transfer all 2016 tax information directly to the FAFSA through the IRS Data Retrieval Tool or submit a 2016 IRS Tax Return Transcript(s) to the Financial Aid Office.

To obtain an IRS Tax Return Transcript, you may go to <http://www.irs.gov/Individuals/Order-a-Transcript> and click on "Get a Transcript by MAIL" or call 1-800-908-9946. Be sure to order the IRS Tax "**Return**" Transcript.

If you and/or your spouse did not file a 2016 Federal Income Tax Return, you are required to submit a Statement of Non-Filing and all 2016 W2s. To receive a 2016 Statement of Non-Filing, go to <https://www.irs.gov/uac/about-form-4506t> and complete

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Form 4506-T with Box 7 checked. If you or your spouse are not able to locate your 2016 W2s provided by your employer, you can request to receive your W2s by checking box 8 on this form.

Student

Check the ONE box that applies to you:

- ☐ Student used **IRS Data Retrieval Tool** on the FAFSA
- ☐ Student has attached a copy of their **2016 IRS Federal Tax Return Transcript** to this worksheet
- ☐ Student has **not filed**, has submitted a **2016 Statement of Non-filing**, and had **no income earned from work** in 2016
- ☐ Student has **not filed**, has submitted a **2016 Statement of non-Filing**, and **had income earned from work** in 2016 as listed below and has attached all 2016 W2s to this worksheet:

Employer's Name: _____
2016 Income Earned: _____

Employer's Name: _____
2016 Income Earned: _____

If more space is needed, attach a separate page with student's name and student number

Spouse

Check the ONE box that applies to you:

- ☐ Spouse used **IRS Data Retrieval Tool** on the FAFSA
- ☐ Spouse has attached a copy of their **2016 IRS Federal Tax Return Transcript** to this worksheet (not necessary to submit a duplicate copy if student and spouse filed 2016 taxes jointly)
- ☐ Spouse has **not filed**, has submitted a **2016 Statement of Non-filing**, and had **no income earned from work** in 2016
- ☐ Spouse has **not filed**, has submitted a **2016 Statement of non-Filing**, and **had income earned from work** in 2016 as listed below and has attached all 2016 W2s to this worksheet:

Employer's Name: _____
2016 Income Earned: _____

Employer's Name: _____
2016 Income Earned: _____

If more space is needed, attach a separate page with student's name and student number

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Note: Additional required documentation may be requested by the Financial Aid Office.

By signing this document, I certify that the information is complete, true and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student Signature: _____

Date: _____