Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law requires that we, as financial aid administrators, must complete verification before awarding Federal Student Aid. FKCC must compare the information on your FAFSA to copies of 2014 IRS Tax Return Transcripts and/or with W-2 forms and/or other financial aid documents. If there are differences between your application information and your financial documents, your FAFSA may be corrected. Also, we may request additional information. You must sign and complete the worksheet, attach any required documents, and submit to the Financial Aid Office.

BE SURE TO:
- Complete the entire form. Do not leave anything blank. If not applicable, enter “N/A” or a “0”.

A. Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>FKCC Student I.D.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>9000-</td>
</tr>
</tbody>
</table>

Email Address _______________________________ Phone Number _______________________________

B. Student Family Information

List the family members in your household. Include:
- Yourself.
- Your spouse if you were married the day you filed the FAFSA.
- Your dependent children if you will provide more than half of their support from July 1, 2015 through June 30, 2016.
- 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 from July 1, 2015 through June 30, 2016.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missy Jones (example)</td>
<td>18</td>
<td>Sister</td>
<td>Central University</td>
<td>Yes</td>
</tr>
<tr>
<td>Self</td>
<td></td>
<td></td>
<td>Florida Keys Community College</td>
<td></td>
</tr>
</tbody>
</table>

C. Other Information to Be Verified

1. **Supplemental Nutrition Assistance Program (Food Stamps)** – Did one of the persons listed in Section B of this worksheet receive Supplemental Nutrition Assistance Program benefit any time during 2013 or 2014?

☐ No ☐ Yes – If asked by the school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

2. **CHILD SUPPORT PAID** – Did you or your spouse listed in Section B of this worksheet pay child support in 2014?

☐ No ☐ Yes – Indicate the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of child support paid.
<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith (example)</td>
<td>Terry Jones (example)</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

D. Student’s Income Information to Be Verified

Complete option 1 OR 2 below.

1. **TAX RETURN FILERS:** - Important Note: If you filed, or will file, an amended 2014 IRS tax return, you must submit your 2014 IRS tax transcript AND amended tax return (IRS Form 1040X).

   - I **have used or will use** the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2014 IRS income tax return information into my FAFSA.
   - I am **unable or choose not to use** the IRS Data Retrieval Tool in FAFSA on the Web, and I must submit a **2014 IRS tax return transcript**.

   **Options for obtaining a 2014 IRS Tax Return Transcript:**
   - Call 1-800-908-9946
   - Complete Form 4506-T and mail or fax to address given

2. **TAX RETURN NONFILERS:** Complete this section if you **will not file** and **are not required to file** a 2014 income tax return with the IRS.

   - I was not employed and had no income earned from work in 2014.
   - I was employed in 2014 and have listed below the names of all my employers, the amount earned from each employer in 2014, and I have attached the required IRS W-2 form for wages earned. **List every employer even if they did not issue an IRS W-2 form.**

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2014 Amount Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy’s Auto Body Shop (example)</td>
<td>$2,000.00 (example)</td>
</tr>
</tbody>
</table>

E. Other Untaxed Income

1. **Child Support Received** – Did you or your spouse (if applicable) listed in Section B of this worksheet receive child support in 2014?

   - No
   - Yes – List the actual amount of any child support received in 2014 for the children in your household.

   **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

<table>
<thead>
<tr>
<th>Name of Adult Who Received the Support</th>
<th>Name of Child for Whom Support Was Received</th>
<th>Amount of Child Support Received in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith (example)</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>
2. **Other Untaxed Income**

<table>
<thead>
<tr>
<th>Type of Untaxed Income Received in 2014</th>
<th>Student Amount</th>
<th>Spouse’s Amount</th>
</tr>
</thead>
</table>
| Payments to tax-deferred pension and savings plan  
  e.g., 401(k) or 403(b) plan including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S (Do not include DD) | | |
| Housing, food, and other living allowances paid to members of military or clergy  
  (cash payments and/or the cash value of benefits received)  
  **Do not include:** the value of on-base military housing or the value of a basic military allowance for housing | | |
| Veteran’s non-education benefits  
  (e.g. Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances)  
  **Do not include:** Federal Veterans Educational Benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill | | |
| Money received or paid on the students behalf  
  List any money received or paid on your behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. | | |
| Other untaxed income  
  (e.g. Include untaxed income such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25) | | |

**F. Certification and Signatures**

You must sign and date this worksheet. If married, the spouse’s signature is optional. Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

---

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

---

*Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to the Office of Financial Aid.*