

2016 - 2017 Verification Document Dependent - Tracking Group V6

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete this form if you or your spouse, if married, or your parent(s), if dependent, reported paying child support in 2014 on your Free Application for Federal Student Aid (FAFSA). Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible, so that your financial aid will not be delayed.

	Student's Last Name	Student's First Name		Student's M.I.	Student's SSN or ID Number	-
cale	•	does not apply, e	nter "N/A" for Not App	icable where a respon	se is requested, or enter \$0 in an area	
whe	ere an amount is requested. <u>L</u>	<u>EAVE NO SECTI</u>	ION BLANK. If addition	al space is required, ple	ase continue on the back of this form.	
A. I	including, but not limited to, a	withheld from earn amounts reported o	nings) to tax-deferred pe on W-2 in boxes 12a thr	nsion and retirement sa ough 12d with codes D,		
Ī	Name of Person	Who Made the	Payment	l Ota	al Amount Paid in 2015	
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В. (Child support received List the amount of child supp payments or any amount the		-	r household. Do not in d	clude foster care payments, adoption	
	Name of Adult Who Re	eceived the	Name of Child for	• • •	Amount Received in 2015	
	Cumport		Was Do	ceived		
	Support		VVd51\c			
200	Support		VI CSVV			
C		r living allowar			erroy and others	
C . i	Housing, food and othe	or the cash value o	nces paid to memb	er to the military, cl	ergy, and others f on-base military housing or the value of	
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nt Name:	Student ID Number:				
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E. Other untaxed income					
List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, untaxed portions of health savings accounts from IRS form 1040 line 25, etc. Do not include any items reported or excluded in					
Social Security benefits, Supplemental Security Income (SSI), Workforces Investment Act (WIA) educational benefits, combat pay, benefits					
	from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credi		·		
Name of Recipient	Type of Untaxed	d Income	Amount Received in 2015		
F. Money paid or received on the stude	ent's behalf				
List any money received or paid on the stud		ident's bills) and not re	ported elsewhere on this form. Enter		
the total amount of support the student red	, •	•	•		
student's 2016-2017 FAFSA. Amounts paid			-		
someone other than the student or the stud			100		
Purpose: e.g. Cash, Rent, Books	Amount Receive		Source		
		7			
listed above on your verification document as member Parents can either include these children as members the amount of child support paid for them. You may r	s of the household or include	1	you purposely give false or misleading information nent, you may be fined, be sentenced to jail, or		
Student's Signature			 Date		
Parent's Signature			Date		
	ege / Financial Aid Office / PO 910618.5686 or Email: finaid@ ———		n, NC 28360		