

V1 INDEPENDENT VERIFICATION DOCUMENT

Your 2018–2019 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 (OFSP) 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.

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Last name	First Name	M.I.	Student ID Number
Street Address (inc	lude 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, 2018 through June 30, 2019, 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, 2019.

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, 2018 and June 30, 2019. *Note: We may require additional documentation on those enrolled in postsecondary institutions.*

Full Name	Age	Relationship	College	Enrolled at least half-time?
		Student	Coker College	
		_		
		_		

Student Na	ame:Student	Student ID#:			
	Information to be Verified RETURN FILERS				
Instructive reify incomposition of transfer 2 Geometric Mean of Mean	ions: Complete this section if you, the student, filed or will file a 2016 in come is by using the IRS Data Retrieval Tool that is part of FAFSA on the sa.ed.gov, log in to your FAFSA record, select "Make FAFSA Correction of the form. From there, follow the instructions to determine if you are elignologically income tax information into your FAFSA. A 2016 IRS Tax Returnet Transcript by MAIL – Go to www.irs.gov, under the Tools heading, click "Get take sure to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account to request the "IRS Tax Return Transcript" and NOT the "IRS Tax Account to request form.	e Web. If you have not already used the tool, as," and navigate to the Financial Information gible to use the IRS Data Retrieval Tool to n Transcript may be obtained through: a tax transcript." Click "Get Transcript by MAIL." bunt Transcript." a tax transcript." Click "Get Transcript ONLINE." bunt Transcript."			
Check th	he box that applies:				
I, the inco	e student, and spouse/significant other, have used the IRS Data Retrieval ome information into the FAFSA, either on the initial FAFSA or when matthe IRS information that was transferred in the verification process and reference.	aking a correction to the FAFSA. The school will			
	I, the student, and spouse/significant other have not yet used the IRS Data Retrieval Tool, but will provide 2016 IRS Tax Transcripts to the Office of Student Financial Planning. <i>The school may request additional IRS documents at a later time</i> .				
and tran. retur addi weel	e student, and spouse/significant other, are unable or select not to use the will submit the 2016 IRS tax return transcripts to the Office of Student Fascript, go to www.IRS.gov and click on the "Order a Return or Account In transcript" and not the "IRS tax account transcript." You will need yoursess on file with the IRS (normally this will be the address used when you ks for IRS income information to be available for electronic IRS tax return filers.	inancial Planning. To obtain an IRS tax return Transcript" link. Make sure to request the "IRS ta our Social Security Number, date of birth, and the r 2016 IRS tax return was filed). It takes up to two			
	I, the student, and spouse/significant other, filed amended IRS Income Tax Returns. Provide a 2016 IRS Tax Return Transcript and a signed copy of the 2016 IRS Form 1040X that was filed with the IRS.				
2. TAX I	RETURN NONFILERS				
return wi	e this section if you, the student, and your spouse/significant other, will n ith the IRS. Provide a copy of the IRS Verification of Non-Filing docum his document from the IRS.				
The	k the box that applies: student, and/or spouse/significant other, was not employed and had no in 6 IRS Verification of Non-Filing Document.	acome earned from work in 2016 and will provide a			
amo by e page	student, and/or spouse/significant other, was employed in 2016 and has but earned from each employer in 2016. Attach copies of all 2016 W-2 for employers. List every employer even if the employer did not issue an IRS we with your name and Student ID # at the top. The student and spouse wing Document.	orms issued to you and/or spouse/significant other W-2 form. If more space is needed, attach a separa			
	Employer's Name	2016 Amount Earned			

Stı	Student Name:			Student ID#:			
D.	another name in some state 3243). The students' house and other children if will people if they now live with to provide more than half. 2. Complete this section if the support paid. **If you nee	mental Nutrition Assistance Prites. For assistance in determine the student; such of the student includes: the student; supported more than half of the ith the student and the student of their support through June the student or spouse/significant of more space, attach a separate	rogram ning the spouse/s childre t provid 30, 202	be Verified, a member of the stu, a member of the stu, a member of the stu, a member of the stu	or 2017. SNA 1-800-4FEL 200use/signific 200ush June 30 200ple's support 2017. Prove 2019 at the top.	AP may be known by D-AID (1-800-433-cant others' children by 2019. Include other t and will continue agency.	
	Name of Person that	Name of Person tha		Name of Child for Whom	Child's	Support Paid	
	Paid Child Support	Received Child Supp		Support was Paid	Age	Support I alu	
	IRA Deductions payments payments (direct or withh	s, IRA Deductions payments eld from earnings) to tax-defe	, and/o erred pe	taxed portions of Income Retiren r untaxed portion of Pension and ension and retirement savings plan	Annuity dist	ributions. List any 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. Tax Exempt Interest Income Tax Deferred Pension Untaxed Portion Pension Other & Education Creening						
Tax Exempt Interest Incom Amount		Amount	sion	IRA Distribution Amount	Other & Education Credit (Please Describe) Amount		
		ou received Veterans non-edu				f Donofit Donoi1	
Name of Person Who Received the Veteran Benefit		ved the Veteran Benefit	Type of Veteran Non-Education Benefit		Amount of Benefit Received in 2016		
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5. Complete this section if money was received or paid on the student's and/or spouse's behalf. Enter the total amount of cash support received in 2016. Include support from a parent or other adult whose information was not reported on the FAFSA. (Example: payment of rent, utility bills, or food for the student). If you, and your spouse, lived with another adult (such as a grandparent, other family member or legal guardian) whose information was not included on the FAFSA you must list the amount of financial support provided for you in 2016, including the value of living expenses like housing and food. To determine the value of the support received, you should consider total monthly expenses paid by the person(s) you live with (for such items as rent/mortgage, utilities, food, cable, phone, internet service, entertainment, clothing, insurance etc.). Total these expenses and divide the total by the number of people living in the household to determine the value of the support provided to you on a monthly basis. Multiply that number by the number of months that you lived in the household in 2016 and include that figure in the table below. Include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

	Purpose (ex. Rent, books, etc.)	Amount Received in 2016	Source
6.	Complete this section if a member of the household is student's family's financial situation, please provide received by the student and any members of the studer reported on the FAFSA or other forms submitted to the education benefits, military house, SNAP, TANF, etcolored elsewhere on this form. Include untaxed income such portions of health savings accounts from IRS Form 1 reported or excluded in A or B above. In addition do Temporary Assistance to Needy Families (TANF), under Workforce Investment Act (WIA) educational benefit plans), foreign income exclusion, or credit for federal	below information about any other resent's household. This may include item the financial aid office, and include succ. List the amount of other untaxed include as workers' compensation, disability, 040 Line 25, Railroad Retirement Bernot include student aid, Earned Incompaxed Social Security Benefits, Supplits, combat pay, benefits from flexible	sources, benefits, and other amounts institute were not required to be that were not required to be that were not reported and not excluded a Black Lung Benefits, untaxed affits, etc. Do not include any items are Credit, Additional Child Tax Credit demental Security Income (SSI), spending arrangements (e.g. cafeteria
	the student's name and ID number at the top. Name of Recipient	Type of Financial Support	Amount of Financial Support
	Name of Recipient	Type of Financial Support	Received in 2016
Ea	ertification and Signature ach person signing below certifies that all of the significant of the experience of the significant content of the experience of		
Stı	udent Signature	Date	
 Sn	ouse Signature (Significant Other)		

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