

Lamar Community College- Financial Aid Office
 2010-2011 INDEPENDENT STUDENT VERIFICATION WORKSHEET

Social Security Number

Student ID Number

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Name _____ Phone # _____

Email _____@student.ccs.edu

Verification is the process where your school’s financial aid office will compare the information on this worksheet with the information you reported on your FAFSA application. **Make certain your (student) name and SID/SSN are on every page of documentation.**

Student/Spouse Information – Complete Below

List below the people you and your (spouse) will provide support to between July 1, 2010 and June 30, 2011. Include the following:

- Yourself (STUDENT)
- Your Spouse
- Your dependent children, who are generally those born after January 1, 1987 and unmarried. You may also include those dependent children for whom they are required to provide parental data when they apply for financial aid.
- 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, 2010 through June 30, 2011.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING <small>between July 1, 2010 and June 30, 2011. Must be enrolled for 6 credits or more & working on an eligible degree or certificate.</small>
STUDENT (do not list yourself again)		SELF	Lamar Community College

Student/Spouse 2009 Income You must complete BOTH columns below – Be sure to answer each question!

STUDENT (1 or 2)	SPOUSE (1 or 2)
1. ____ I have filed or will file a 2009 federal tax form. Attach a SIGNED copy of your 1040 Federal Income Tax form , and complete additional information on the back of this document.	1. ____ I have filed or will file a 2009 federal tax form. Attach a SIGNED copy of your 1040 Federal Income Tax form , and complete additional information on the back of this document.
Or	Or
2. ____ I am not required to file a 2009 federal tax form. <ul style="list-style-type: none"> • If you <u>had no earnings</u> from work, please indicate ‘NONE’. • If you <u>had earnings</u>: List all employers and amounts of income from work that you received in 2009. Complete additional information on the back of this document. Attach copies of your W2’s. 	2. ____ I am not required to file a 2009 federal tax form. <ul style="list-style-type: none"> • If you <u>had no earnings</u> from work, please indicate ‘NONE’. • If you <u>had earnings</u>: List all employers and amounts of income from work that you received in 2009. Complete additional information on the back of this document. Attach copies of your W2’s.
_____ \$ _____ Employer Amount	_____ \$ _____ Employer Amount
_____ \$ _____ Employer Amount	_____ \$ _____ Employer Amount
_____ \$ _____ Employer Amount	_____ \$ _____ Employer Amount

→ → → → → **Complete Additional Information on the Back and Sign!**

Name: _____

SID/SSN _____

Each block must have a number inside.

Student	Calendar Year 2009 Additional Information
\$	Child support you received for all children. Do not include foster care or adoption payments.
\$	Untaxed Workman's Compensation
\$	Untaxed Pensions
\$	Other untaxed income not reported on the FAFSA, such as money received , or paid on your behalf (e.g. bills).
\$	Total Amount

****By signing this worksheet, I certify that all the information reported on both sides of this form is complete and correct.****

Student Signature

Date

WARNING: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
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Please make a copy of this document and all others you will be submitting.

Make sure all documents have the Student ID#, the Student name, Student Signature and/or Parent Signature.

These documents can either be Faxed, Mailed, or scanned and emailed to Aid@lamarcc.edu

Lamar Community College
 Office of Financial Aid
 2401 S. Main St.
 Lamar, CO 81052

LCC Fax Number 719-336-2400
 LCC alternate fax 719-336-2448