

## Southwestern Illinois College Office of Financial Aid and Student Employment

2500 Carlyle Avenue • Belleville, IL 62221-5899  
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### 2016-2017 Institutional Verification Form--Independent Student

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, SWIC is required to compare your FAFSA with the information on this form and with any other required documents. If there are differences, your FAFSA information may need to be corrected. **You must complete and sign this form, attach any required documents, and submit the form and other required documents to the financial aid office at SWIC. We may ask for additional information.** If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

**PLEASE NOTE:** If we have reason to believe any information is inaccurate, we may request additional documentation.

#### A. INDEPENDENT STUDENT’S INFORMATION

|   |                      |                |                                  |
|---|----------------------|----------------|----------------------------------|
| Student’s Last Name                         | Student’s First Name | Student’s M.I. | Student’s SWIC Student ID Number |
| Student’s Street Address (include apt. no.) |                      |                | Student’s Date of Birth          |
| City  | State                | Zip Code       | Student’s Phone Number           |

#### B. HOUSEHOLD INFORMATION

List yourself. Only include college information for other household members if attending between 7-1-16 and 6-30-17.

| Student’s Full Name | Age | Relationship to student | College Name                  | State | Will enroll at least half-time?<br>Yes/No |
|---------------------|-----|-------------------------|-------------------------------|-------|---|
|                     |     | <b>SELF</b>             | Southwestern Illinois College | IL    |   |

List spouse if married and not separated.

| Spouse’s Full Name | Age | Relationship to student | College Name | College State | Will enroll at least half-time?<br>Yes/No |
|--------------------|-----|-------------------------|--------------|---------------|---|
|                    |     | <b>SPOUSE</b>           |              |               |   |

List your children and your spouse’s children if you/spouse provide more than half of their support through June 30, 2017.

List other people IF living with you AND you/spouse provide more than half of their support through June 30, 2017.

| Full Name | Age | Relationship to student | College Name | College State | Will enroll at least half-time?<br>Yes/No |
|-----------|-----|-------------------------|--------------|---------------|---|
|           |     |                         |              |               |   |
|           |     |                         |              |               |   |
|           |     |                         |              |               |   |
|           |     |                         |              |               |   |
|           |     |                         |              |               |   |

Student's Name: \_\_\_\_\_ SWIC ID Number: \_\_\_\_\_

### C. Active Duty Military Status for 2015

1. Were you/spouse active duty military in 2015? Yes      No
2. If 'Yes,' who is the person in relation to you? Student      Spouse
3. If 'Yes,' how many months in 2015 and what rank? \_\_\_\_\_ out of 12 months. Enlisted      Officer

### D1. STUDENT/SPOUSE INCOME INFORMATION FOR TAX FILERS - Complete this section with all 2015 employment information.

**IF YOU FILED TAXES, check the box that applies.** Visit <http://www.swic.edu/financial-aid/> for options to request an IRS tax return transcript. If you **AMENDED** your taxes, please contact our office for more information.

- I, the **student**, used the IRS Data Retrieval Tool for the 2016-2017 FAFSA.
- I, the **student**, will use the IRS Data Retrieval Tool for the 2016-2017 FAFSA later.
- I, the **student**, will not use the IRS Data Retrieval Tool for my FAFSA.
- I will submit a **2015 IRS tax return transcript** now.
- I will submit a **2015 IRS tax return transcript** later.

**IF YOU ARE MARRIED AND FILED SEPARATE RETURNS:**

- We, student and spouse, filed **separate returns**.
- We will submit **2015 IRS tax return transcripts** for both of us.
- We will submit a **2015 IRS tax return transcript** for one person. The other person either wasn't employed or didn't earn enough to file. We will submit all **2015 IRS W-2s** for the other person if applicable, and will also list that person's income information in D2, below.

### D2. STUDENT/SPOUSE INCOME INFORMATION FOR NON-TAX FILERS - Complete this section with all 2015 employment information.

**IF YOU DID NOT FILE TAXES, check the box that applies:**

- We, student and spouse, had no income earned from work in 2015.
- We, student and spouse, had income earned from work in 2015 and listed all employers below.
- We will submit all **2015 IRS W-2s** provided by employer(s) listed below.
- We did not receive **2015 IRS W-2s** from employer(s) because \_\_\_\_\_.

**PLEASE NOTE:** Also provide any 1099 forms received, if applicable.

| Employee Name | Employer's Name | Annual Amount Earned in 2015 | IRS W-2 Provided? Yes or No |
|---------------|-----------------|------------------------------|-----------------------------|
|               |                 |                              |                             |
|               |                 |                              |                             |
|               |                 |                              |                             |

### E. CERTIFICATION AND SIGNATURE

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Falsification of information is subject to prosecution. **Original signatures required. No electronic signature of any form will be accepted.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date