

## INDEPENDENT HOUSEHOLD RESOURCES VERIFICATION

2016-2017

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this verification form. If there are differences, your FAFSA information will be corrected electronically. We may ask for additional information. If you have questions about verification please contact us at (605) 455-6038.

**A. STUDENT INFORMATION:**

STUDENT NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
 HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**B. FAMILY HOUSEHOLD INFORMATION:**

List the following people below:

- The student
- The student’s spouse, if the student is married,
- The student’s or spouse’s children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student,
- Other people if they now live with the student and the student or spouse will provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Number in College: Include below information about, any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Oglala Lakota College</i>	<i>Yes or No</i>

**C. EARNED INCOME (STUDENT):**

\_\_\_\_\_ **YES**, the student and/or spouse filed a 2015 Federal income tax return. Check the box that applies:

- The student and/or spouse have used the IRS Data Retrieval Tool in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student’s FAFSA.
- The student and/or spouse has not yet used the IRS Data Retrieval Tool in *FAFSA on the Web*, but will use the tool to transfer 2015 IRS income tax return information into the student’s FAFSA once the 2015 IRS income tax return has been filed.
- The student and or spouse are unable or chooses not to use the IRS Data Retrieval Tool in FAFSA on the Web, and instead will provide the school a **2015 IRS Tax Transcript(s)**.

To obtain a **2015 IRS Tax Return Transcript**, go to <http://www.irs.gov/Individuals/Get-Transcript> and click on the “Get Transcript ONLINE” link, or call 1-800-908-9946. Make sure to request the “IRS Tax Transcript”.

If the student and spouse filed separate 2015 IRS income tax returns, 2015 IRS Tax Return Transcripts must be provided for both.

\_\_\_\_\_ Check here if a **2015 IRS Tax Return Transcript(s)** is provided

\_\_\_\_\_ Check here if a **2015 IRS Tax Return Transcript(s)** will be provided later.

**D. INCOME INFORMATION FOR STUDENT NONTAX FILERS**

\_\_\_\_\_ **NO**, the student and spouse were not employed and had no income earned from work in 2015.

\_\_\_\_\_ **NO**, the student and spouse did not file and were not required to file a 2015 income tax return, but had earnings from work.

Report the earnings below and attach all 2015 W-2 forms.

Employer’s Name	2015 Amount Earned	IRS W-2 Provided?
	\$	Yes or No
	\$	Yes or No
	\$	Yes or No
	\$	Yes or No
	\$	Yes or No

Note: We may require you to provide documentation from the IRS that indicates a 2015 IRS income tax return was not filed with the IRS.

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If the student was required to provide parental information on the FAFSA answer each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

**To determine the correct annual amount for each item:** If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

**E. CHILD SUPPORT PAID**

The student or spouse, who is a member of the student's household, paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
			\$
			\$
			\$
			\$

**Note:** If we have reason to believe that the information regarding the child support paid is inaccurate, we may require additional documentation such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

**F. PAYMENTS TO TAX DEFERRED PENSION AND RETIREMENT SAVINGS**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), 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.

Name of Person Who Made the Payment	Total Amount Paid in 2015

**G. RECEIPT OF SNAP BENEFITS**

The student certifies that \_\_\_\_\_, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household includes:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people’s support and will continue to provide more than half of the support through June 30, 2017.

**Note:** If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

\_\_\_\_\_ **NO**, the student or spouse or anyone in the student’s household **did not** received SNAP benefits anytime during 2014 or 2015.

**H. CHILD SUPPORT RECEIVED**

List the actual amount of any child support received in 2015 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.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

**I. HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS INCLUDE 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.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

**J. VETERAN’S NON-EDUCATION BENEFITS**

List the total amount of veterans non-education benefits received in 2015. Include 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

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

**K. OTHER UNTAXED INCOME**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers’ compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015

**L. MONEY RECEIVED OR PAID ON THE STUDENT’S BEHALF**

List any money received or paid on the student’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student’s 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is the student’s parent whose information is reported on the student’s 2016–2017 FAFSA. Amounts paid on the student’s behalf also 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: e.g., Cash, Rent, Books	Amount Received in 2015	Source

**M. ADDITIONAL INFORMATION**

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veteran's education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**N. CERTIFICATION AND SIGNATURES:**

Each person signing below certifies that all of the verification information reported is complete and correct. The student **must** sign and date.

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

\_\_\_\_\_

Print Student's Name

\_\_\_\_\_

Student's Social Security Number

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

All documentation requested must be received and reviewed before your financial aid can be finalized and disbursed. If you have questions or need assistance, please contact the Office of Financial Aid.