

2017-2018 Dependent Standard Verification Worksheet (V1)

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) 455-6037.

A. STUDENT INFORMATION:

STUDENT NAME: _____ Student I.D. _____ 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: List below the people in the Parents' household. Include:

- The student
- The Parents (including a stepparent) even if the student does not live with the parents.
- The Parents' other children if the parent will provide more than half of the children's support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either one these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2018.

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, 2017, and June 30, 2018, 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 filed 2015 Federal Income Tax Return (Continue to Section D)
 _____ **NO**, I was not employed and had no income earned from work in 2015 (Continue to Section D)
 _____ **NO**, I did not file and was 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

D. EARNED INCOME (PARENT)

- _____ **Yes**, my parent filed 2015 Federal Income Tax Return (Continue to Section E)
 _____ **NO**, my parent was not employed and had no income earned from work in 2015 (Continue to Section E)
 _____ **NO**, my parent did not file and was 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

E. TAX RETURN FILERS

- _____ **YES**, you and/or your parent filed a 2015 Federal income tax return. Check the box that applies:
 You and/or your parent 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.

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 your parents 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.

F. CHILD SUPPORT PAID

One of the parents included in the household or the student 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.

G. RECEIPT OF SNAP BENEFITS

The parent certifies that _____, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 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 parent's household includes:

- The student.
- The parents (including a stepparent) even if the student does not live with the parents.
- The parent's other children if the parent will provide more than half of the children's support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of the support through June 30, 2018.

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 2015

_____ **NO**, the parent or anyone in the parent's household **did not** received SNAP benefits anytime During 2015.

H. CERTIFICATION AND SIGNATURES:

Each person signing below certifies that all of the verification information reported is complete and correct. The student and parent **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: _____

PARENT'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.