

2018-2019 **Independent Verification Worksheet**

Tracking Group 1

Your 2018-2019 FAFSA was selected to be reviewed for verification. The law says 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 worksheet along with any other required documents. If there are differences, your FAFSA information may need to be corrected by the Office of Financial Aid.

You must complete and sign this worksheet, attach any required documents, and submit them to the Manhattan Tech Office of Financial Aid. If you have questions about verification, feel free to contact us. We encourage you to complete this verification as soon as possible, so that your aid will not be delayed.

Student Informa	ation			
Last Name	First Name	M.I.	Social Security Number	Date of Birth
Address				()Phone number
City	State	Zip C	ode	

Independent Student's Family Information

List the people that you will support between July 1, 2018 and June 30, 2019. Include:

- vourself
- your spouse, if you are married
- your children, if any, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, even if they do not live with

Include other people as part of the family only if:

- they lived with you and got more than half their support from you at the time you completed your student aid application *AND
- they will continue to get more than half their support from you, July 1, 2018 through June 30, 2019.

Write the names of all family members, including you, who meet the criteria listed above. Will anyone in your family 1) be degree-seeking, and enrolled in more than 6 credit hours between July 1, 2018 and June 30, 2019? If so, mark "yes" in the appropriate.

Full Name	Age	Relationship to Student	College Studen (Yes or No)	t Institution Name
		self		

Note: We may require additional documentation on this information.

Independent Student's Income Information to Be Verif	ied	
Note: If a spouse was reported in the Independent Stud instructions and certifications below apply to both the the student and spouse filed separate IRS income tax red December 31, 2016.	student and their spouse. Notify the	Office of Financial Aid if
A - Did the Student file a 2016 Tax Return?		
- If 'No' then skip to section B Instructions: Complete this section if the student filed 2016 income The best way to verify income is by using the IRS Data Retrieval To used the tool, go to FAFSA.gov, log in to the student's FAFSA record Information section of the form. From there, follow the instruction Retrieval Tool to transfer 2016 IRS income tax information into the	ool that is part of FAFSA on the Web. If t d, select "Make FAFSA Corrections, "and as to determine if the student is eligible t	navigate to the Financial
Check the box that applies:		
The student <u>has used</u> the IRS Data Retrieval Tool.		
The student <u>is unable OR chooses not to use</u> the IRS Dat **Student will need to submit to the school an official 20 transcript, go to <u>www.irs.gov</u> , click on the "Get your tax Make sure to request the "IRS <u>tax return</u> transcript". Yo address on file with the IRS. *Please note that verification cannot be completed unti	016 IRS tax return transcript. To obtain crecord" link and follow directions to or ou will need your Social Security Numbe	der, or call 1.800.908.9946. r, date of birth, and the
B - The Student did not file a 2016 Tax Return: -skip this section if you filed a tax return		
**IRS Verification of Non-filing letter required if you did Instructions: To obtain official IRS documentat and use the "Get Transcript Online" option, or send in IR	ion, go to <u>www.irs.gov</u> and click on the "	
Check the box that applies:		
The student was not employed and had no income ed	arned from work in 2016.	
The student was employed in 2016. **Please complete the following table with info regaleach employer.	rding the student's 2016 income and pro	ovide a copy of W-2 from
Name of Employer	2016 Earning Amount	W-2 attached (yes or no)

Student Social Security Number _

Student Name_

Student Name		Student Social Secur	ity Number	
Certification and Sign	ıatures			
				sheet to qualify for Federal Student Aid is only required to sign and date if 2016 ta
Student's Signature (handwritte	en signature required)	 Date		Please return form to: Manhattan Tech Attn: Office of Financial Aid 3136 Dickens Avenue
Spouse's Signature (required if	filed taxes separately)	Date		Manhattan, KS 66503 OR: Secure File Upload
			D	
For Office Use Only:	Date Received	Date Entered in PF	Date Sent to COD _	Initials