



# North Carolina Central University

## Office of Scholarships and Student Aid

919/530-6180 Phone / 919/530-7959 Fax

### V1 STANDARD - 2017-2018 INDEPENDENT VERIFICATION WORKSHEET

Your application was selected for review in a process called *verification*. In this process we compare and confirm the information that you and/or your spouse provided on the FAFSA to ensure its accuracy. The law says we have a right to ask you for this information before awarding Federal aid. If there are differences between your FAFSA information and your financial documents, you or the school may need to correct your FAFSA information electronically. **We cannot continue processing your financial aid application until all requested information is received and completed.** Please fax these requested documents to 919/530-7959 or mail to address at the end of the form. **Information from this worksheet may be used to correct your FAFSA.**

### Section A: Information about You

Print the information requested below:

Student's Last Name	First Name	MI	Student Banner ID / Last 4 digits of SSN#
Student's Street Address (include Apt. No)		Student's Home Phone # / Student's Cell Phone#	
City	State	Zip	
Email address:			

### Section B: Information about You & Your Family

Print the information requested below: **Do not leave this section blank.**

1. Your **current** marital status:  
       \_\_\_ Married/Remarried      \_\_\_ Single      \_\_\_ Divorced/Separated      \_\_\_ Widowed

Month and year you were married separated, divorced or widowed    \_\_\_/\_\_\_

2. List all the people in your household. Write in the name of the college for anyone you listed here that will be attending college at least half-time between July 1, 2017 and June 30, 2018

**This includes:**

**Yourself and/ or your spouse.**

**Your Children:** If you will provide more than half of their support from July 1, 2017 through June 30, 2018. If requested, must provide documentation

**Other people if** you provide more than half their support and will continue to provide more than half their support from July 1, 2017 through June 30, 2018. If requested, must provide documentation

**Please list all family members as indicated below (Yourself, spouse, children, other dependents, etc.)**

Full Name	Date of Birth	Age	Relationship to Student	College attending in 17-18
1. _____	_____	_____	<b>Student</b>	<b>NCCU</b>
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

**ENTER YOUR 9-DIGIT NCCU ID**

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## Section C: Information about You and Your Family's Filing Status

Order IRS Tax Transcript by phone: 1-800-908-9946 or online at [www.irs.gov](http://www.irs.gov)

**Check all that apply.**

- |   |               |              |
|---|---------------|--------------|
| <input type="checkbox"/> Has filed a 2015 Federal tax return and used the IRS Data Retrieval Tool to transfer my information to my FAFSA. | _____ Student | _____ Spouse |
| <i>filings separately, must submit IRS Transcript for both parents. CANNOT use IRS Data Retrieval Tool.</i>                               |               |              |
| <input type="checkbox"/> Has filed a 2015 Federal tax return and an IRS Tax Transcript is attached or will be provided.                   | _____ Student | _____ Spouse |
| <input type="checkbox"/> Was not employed and had no income from work for 2015  | _____ Student | _____ Spouse |
| <input type="checkbox"/> Was employed in 2015 but <b>will not &amp; am not</b> required to file a Federal tax return with the IRS.*       | _____ Student | _____ Spouse |

\*Complete chart below and PROVIDE copies of ALL W2's, 1099 statements of earnings received or IRS Wage & Income Statement.

Name of Employer	2015 Amount Earned	IRS W-2

## Section D: Certification Statement and Signatures

Each person signing this worksheet certifies that all of the information reported is accurate and complete. If married, spouse's signature is optional.

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

X \_\_\_\_\_  
Student Date

X \_\_\_\_\_  
Spouse (optional) Date

**Return completed form and all requested documents to:**  
Office of Scholarships and Student Aid  
P. O. Box 19496, Durham, NC 27707  
Fax: 919/530-7959

**ENTER YOUR 9-DIGIT NCCU ID**

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