

Office of Financial Aid

2016-2017 Financial Aid Verification Form

The United States Department of Education has selected your FAFSA for review in a process called Verification. Please complete all three pages of this form and don't leave any item blank. Return this form to the Financial Aid Office by US Mail, FAX, or Email. For questions, call 717.691.6007.

Section A - St	udent Informatio	<u>on</u>				
Last Name		First Name	M.I.	Messia	ah College Student ID	
Date of Birth	Home Phone N	Number S	Student's E-mail		Parent's E-mail	
If you have not alr best way to verify This is available 2 If you cannot use married). (Do not online "Get Trans requesting a <i>Tran</i> "IRS Tax Return	ready used the IRS In income is to re-sub weeks after filing tax IRS DRT, submit all send IRS forms 10 cript by MAIL" at www.	come Information Data Retrieval Tool (IR mit your 2016-2017 F xes on-line or 6 weeks 2015 Federal IRS Ta 2016 Table Table Tool (IR Market Service Tool	S DRT) to complete the AFSA on the Web at after filing by hard cope Return Transcripts for a transcript; (2) or a (www.irs.gov/pub/irs-p	FAFSA.gov a by. or you, your panscript, free der by calling df/f4506t.pdf).	arent(s) or your spour of charge, by: (1) red 1-800-908-9946; or (3) Make sure to request	RT. se (if quest 3) by st the
Please note that	the Verification pro	ocess will not be co osite or all required T			omitted using the da	ata
If you or your pa	or people who did narent(s) (dependent s	ot and will not file a student), or you or you ne tax return, check the	r spouse (independent	student) did r	not file and are not	
	t file and are not red nt Student: □ You □	quired to file a 2015 F Father □ Mother	ederal income tax retu Independent Student		our Spouse	
your parent(s) received in 20	(dependent student 115, (use the W-2 for he Financial Aid Of	and are not required to) or your and your spo rm or other earnings s fice. If a W-2 was not	use's (independent stu atements if available).	ident) employ Please subn	er(s) and any income nit a copy of the	
,	e student) and	Amount(s)	Your Parents' Em		Amount(s)	

.00

.00

.00

\$

\$

.00

.00

.00

\$

\$

\$

Section D - 2015 Additional Financial Information: Enter "0" if the answer is "none".

Student/S	<u>Spouse</u>	Parent(s)
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study	\$
\$	Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay; only enter the amount that was taxable.	\$
<u>Section</u>	E - 2015 Untaxed Income: Enter "0" if the answer is "none".	
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.	3
\$	Child support received for all children. Don't include foster or adoption payments.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-education benefits – list benefit:	\$
\$	Other untaxed income not reported above, such as worker's compensation, disability, etc. List source of Untaxed Income	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ XXXXXXX
<u>Section</u>	F - Child Support Paid	
Did the st	tudent or parent pay child support during the calendar year 2015?	
	ea. Complete the table below	

	Yes.	Complete	the table	below
--	------	----------	-----------	-------

□ **No.** Skip the table below and proceed to the next section.

Dependent Student: Enter information about child support your parents paid during calendar year 2015? **Independent Student:** Enter information about child support you paid during the calendar year 2015?

Name of Person	Name of Person to	Name of Child for	Age of Child for	Annual Amount
Who Paid Child	Whom Child Support	Whom Support Was	Whom Support	of Child Support Paid
Support	was Paid	Paid	Was Paid	in 2015
				\$.00
				\$.00
				\$.00
				\$.00
			Total Paid:	\$.00

Section G - Supplemental Nutrition Assistance Program Benefits (SNAP) Did the student or parent receive SNAP benefits (food stamps) during the calendar year 2014 or 2015? ☐ Yes. ☐ No. Section H - Family and College Information **Dependent Student:** Fill in the information about the people that your parents will support between July 1, 2016 and June 30, 2017. Include your parents and yourself. Include your parents' other children if they receive more than half their support from your parents, or if they would be required to provide parental information when applying for Title IV Federal student aid in 2016-2017. Include other people only if they now live with and get more than half of their support from your parents. **Independent Student**: Fill in the information about the people that you will *support* between July 1, 2016 and June 30, 2017. Include yourself and your spouse. Include your children, if they get more than half their support from you. Include others only if they meet the following criteria: 1) they now live with you, and 2) they now get more than half their support from you. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) To list a college in the "College Attending" column, other family members must be enrolled (or accepted for enrollment) at least half-time working toward a degree or certificate at a college eligible to participate in the Federal student aid programs. Always include yourself (the student) in the number in college, even if you will be enrolled less than half-time. You cannot list your parents as family members attending college. Full Name Age Relationship College Attending 2016-2017 You, the student Messiah College Section I - Sign This Form Each person signing this form certifies that all the information reported on this form is complete and correct. Again, make sure all pages are completed and don't leave any item blank. These sections have been completed: ☐ Section B – completed DRT or submitted transcript ☐ Section F – answered question about child support ☐ Section C – if non-filer, submitting W2s ☐ Section G – answered question about SNAP ☐ Sections D and E – no item is blank, entered "0" ☐ Section H – included parent(s) and all siblings if supported

Dependent Student: Student and one parent must sign. Independent Student: If married, spouse's signature is optional.

Parent's Signature or Spouse's Signature

Date

Date

Student's Signature