Your 2016–2017 Free Application for Federal Student Aid (FAFSA) has been selected for a process called verification. Federal law requires that an institution verify certain information that has been listed within the FAFSA before federal aid can be disbursed. To complete the federal verification process, the financial aid office will compare the information that has been listed on your FAFSA to the information listed on this worksheet along with other documents submitted. If there are differences, your FAFSA information will need to be corrected. Please complete this worksheet, sign, and submit to the Office of Financial Assistance and Veteran’s Affairs as soon as possible to prevent any delays in the disbursement of your aid.

1. It is strongly recommended that you select the IRS Data Retrieval option on your FAFSA. This option will streamline and expedite your transmission of federal tax data. As a student selected for federal verification, if you do not wish to use the IRS Data Retrieval Tool or are unable to use the IRS Data Retrieval Tool to provide tax information, you will be required to obtain an official “IRS Tax Return Transcript” by logging into http://www.irs.gov/Individuals/Get-Transcript.

2. Complete and sign this worksheet – you and your spouse, if applicable.

3. Submit completed worksheet, and all documents to the CofC Office of Financial Assistance and Veteran’s Affairs.

A. Student Information

Print: Last Name, First Name, M.I. CofC ID

B. Family Information

List the people in your household, including:

- Yourself, and your spouse if you are married, and;
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of the standards, even if they do not live with you, and;
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary education institution any time between July 1, 2016, and June 30, 2017. If more space is needed, attach a separate page with your name and CofC ID Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th>Relationship</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>College of Charleston</td>
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Office of Financial Assistance & Veteran Affairs
66 George Street Charleston, SC 29424
www.cofc.edu/finaid
P:843.953.5540  F:843.953.7192
financialaid@cofc.edu
C. Student Tax Forms and Income Information (all applicants)

NOTE: If student and spouse were reported in section B of this worksheet the instructions and certifications below refer and apply to student and spouse if married.

☐ Check here if you and spouse, if married, completed the IRS Data Retrieval when submitting your FAFSA.

☐ Check here if you and spouse, if married, will complete the IRS Data Retrieval after submitting your taxes with IRS.

☐ Check here if you and spouse, if married, are attaching a copy of your 2015 IRS Tax Return Transcript or will submit by _____ (date). (Tax returns cannot be accepted) Tax return transcripts must be requested directly from the IRS by visiting http://www.irs.gov/Individuals/Get-Transcript. (For Puerto Rican or foreign income, a signed and dated income tax return is acceptable documentation.)

☐ Check here if you and your spouse, if married, were not employed and had no income earned from work in 2015 and will not file.

☐ Check here if the student and spouse, if married, were employed in 2015, did not file and are not required to file a 2015 Federal Tax return. List below the names of all employers, the amount earned from each employer in 2015, even if the employer did not issue a W-2 form. Attach a copy of all 2015 IRS W-2 forms. You must submit the Tax Return Transcript or use the Data Retrieval Tool if you filed taxes but were not required to.

If more space is needed, attach a separate page with your name and CofC ID# at the top.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2015 Amount earned</th>
<th>IRS W-2 Attached? (yes/no)</th>
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D. Child Support Paid

Child support paid, by student (and spouse if married): If you paid child support in 2015 because of a divorce or separation or as a result of a legal requirement, please complete the following information. Do not include child support anyone listed in section B on this form under Family Information.

<table>
<thead>
<tr>
<th>Name of Person who paid child support.</th>
<th>Name of Person to whom child support was paid.</th>
<th>Name(s) of child for whom the support was paid.</th>
<th>Total Amount of Child Support Paid in 2015.</th>
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E. Receipt of SNAP Benefits

☐ Check this box if someone in the student’s parent’s household (listed in section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2015 calendar years.

F. Sign This Worksheet

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Student                                      Date

Spouse (if applicable)                       Date

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

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financialaid@cofc.edu
G. High School Completion

You must submit documentation of high school completion or an equivalent along with this worksheet.

Check the box of the document you will attach to this worksheet:

☐ High school diploma or high school transcript including graduation date.

☐ Official documentation from high school counselor stating your graduation date and reason why high school diploma/transcript is unavailable.

☐ General Education Development (GED) Certificate.

☐ State certificate stating you have passed a State-authorized examination recognized as an equivalent of a high school diploma.

☐ Academic transcript of a successfully completed two-year program acceptable for full credit toward a bachelor’s degree.

☐ If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education. If you are a homeschooled student, a secondary school completion credential provided under State law.

☐ If you do not have documentation meeting any of the above requirements, seeking an associate degree or its equivalent, and excelled academically in high school, you may provide documentation of the high school stating that you excelled academically in high school and documentation from your current/future postsecondary institution that you have met the formalized, written policies of admitting such students.

H. Documentation of Identity/ Statement of Educational Purpose:

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date below. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID* and this worksheet notarized by a public notary.

Statement of Educational Purpose *Cannot use military ID

I certify that I _____________________________ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the College of Charleston for 2016-2017.

__________________________________________________________________________

Student’s Signature and Date

Financial Aid Administrator Signature and Date

Notary’s Certificate of Knowledge

State of _________________________City/County of __________________________ on ________________

Before me, ____________________________ personally appeared, ____________________________

(Notary’s name) (printed name of signer)

And provided to me on basis of satisfactory evidence of identification ____________________________,

(Type of government –issued ID) cannot use military ID

To be the above named person who signed the foregoing instrument, ____________________________

Witness my hand and official seal ____________________________

(Notary Signature) (Date commission expires) (Seal)