



KEWEENAW BAY OJIBWA COMMUNITY COLLEGE

2019-2020 VERIFICATION WORKSHEET

STEP 1 – STUDENT INFORMATION

Last Name	First Name	Social Security Number	Student ID Number
Street Address		City/State/Zip	Date of Birth
Phone Number		Email Address	

STEP 2 – FAMILY INFORMATION

If you are a **dependent student**, include:

- Yourself
- Your parent(s) (including step-parents)
- Your parent(s) other than dependent children if a.) your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019, or b.) the children would be required to provide parental information when applying for Federal Student Aid
- Other people only if they now live in your parent household and your parents will provide more than half of their support from July 1, 2018, through June 30, 2019

If you are an **independent student**, include:

- Yourself
- Your spouse (if you are married)
- Your children if you will provide more than half of their support from July 1, 2018, through June 30, 2019
- Other people only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2018, through June 30, 2019

Full Name	Age	Relationship	Name of College
		<i>Self</i>	<i>Keweenaw Bay Ojibwa Community College</i>

STEP 3 – CHILD SUPPORT PAID or RECIEVED – CALENDAR YEAR 2017

Did you or your spouse (or your parent(s) if dependent) pay or receive child support during the calendar year 2017? (Do not include support for children included in household (Step 2), foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.)

YES...Complete the table below and continue to STEP 4.

NO ...Continue to STEP 4

Name of Child Supported	Name of Adult Who Received the Payment	Amount Paid or Received
TOTAL		\$

STEP 4 – SNAP BENEFITS – CALENDAR YEAR 2017

Did you (or your parent(s) if dependent) receive SNAP benefits during 2017 or 2018? Include SSI, food stamps, WIC, TANF, free or reduced price lunch, and etc..

YES. Attach documentation showing that you (parent(s) if dependent) qualified for the benefit during the calendar year 2017 or 2018.

NO. Continue to STEP 5

STEP 5 – STUDENT TAX TRANSCRIPT & INCOME INFORMATION – CALENDAR YEAR 2017

Are you or will you be required to file a 2017 Federal Income Tax Return?

- YES**...Did you link your FAFSA to the IRS without changes?
 - YES**...Continue to STEP 6.
 - NO**...Attach your Tax Return Transcript from the IRS (*not a copy of taxes filed*). Continue to STEP 6.
- 6. NO**...Complete the table below and attach ALL 2017 W-2 forms, continue to STEP 6.

Source of Income (Fill out only if you did NOT file taxes)	Amount Earned in 2017
TOTAL	\$

NOTE: We cannot accept a copy of the tax return. To request a Tax Return Transcript or a “W-2 Wage Summary” (if you did not keep a copy of your W-2 form), contact the IRS at 800.829.1040 or www.irs.gov.

STEP 6 – SPOUSE OR PARENT TAX TRANSCRIPT(S) & INCOME INFORMATION – CALENDAR YEAR 2017

Is your spouse or parent(s) (if dependent) required to file a 2017 Federal Income Tax Return?

- YES**...Did your spouse or parent link your FAFSA to the IRS without changes?
 - YES**...Continue to STEP 7.
 - NO**...Attach your Tax Return Transcript from the IRS (*not a copy of taxes filed*). Continue to STEP 7.
- NO**...Complete the table below and attach copies of ALL spouse (or parent(s) if dependent) 2017 W-2 forms, continue to STEP 7.

Source of Income (Fill out only if you did NOT file taxes)	Amount Earned in 2017
TOTAL	\$

NOTE: We cannot accept a copy of the tax return. To request a Tax Return Transcript or a “W-2 Wage Summary” (if you did not keep a copy of your W-2 form), contact the IRS at 800.829.1040 or www.irs.gov.

STEP 7 – OTHER UNTAXED INCOME – CALANDER YEAR 2017

Please provide information about any other resources and benefits received by the student’s household that is not reported elsewhere on this form. Include untaxed income such as veteran’s non-educational benefits, workers’ compensation, disability, cash payments and/or the cash value of benefits received (if someone is paying rent or utility bills, sharing rent, free housing, etc)

Name of Recipient	Type of Resource/Benefit Received	Amount Received in 2017
TOTAL	\$	

STEP 8 – CERTIFICATION: *By signing, I am certifying the information reported on this worksheet is complete and accurate.*

Student Signature	Student Name (Please Print)	Date
Parent Signature (If student is dependent)	Parent Name (Please Print)	Date

Please return completed forms to:
 KBOCC Financial Aid Office
 PO Box 519
 Baraga, MI 49908
 Phone: (906) 524-8301 Fax: (906) 524-8106

**Identity and Statement of Educational Purpose
(To Be Signed at KBOCC)**

The student must appear in person at Keweenaw Bay Ojibwa Community College to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, **in the presence of the Financial Aid Director**, the Statement of Educational Purpose provided below.

**Identity and Statement of Educational Purpose
(To Be Signed in the Presence of a Notary)**

If the student is unable to appear in person at Keweenaw Bay Ojibwa Community College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I, _____, am the individual signing this Statement of
(Print Student's Name)
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 Keweenaw Bay Ojibwa Community College for the Academic Year 2019-2020.

(Student's Signature)

(Date)

(Student's ID Number)