



**INDEPENDENT VERIFICATION FORM**

**2016-2017**

**Financial Aid Office/Enrollment Services  
 452 South Anderson Road, Rock Hill, South Carolina 29730  
 Phone (803) 327-8008 Fax (803) 981-7278**

**All sections must be completed.**

Student Name \_\_\_\_\_ CID \_\_\_\_\_

**A. Number of Household Members**

List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016 - June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.

Full Name	Age	Relationship to Student
		Self

**B. Number in College**

Include below information about any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college. (*Undergraduate only*)

Name of Student	Name of College
	York Technical College

**C. Verification of 2015 Income Information for Student (and/or spouse)**

Check ONE box.

We used the IRS Data Retrieval Tool to import data into the FAFSA.

We have attached the tax return transcript for 2015 to this form.

We did not file a tax return for 2015 and did not have any income from working.

We did not file a tax return for 2015, but we have attached W2 forms.

**D. Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program)**

Check ONE box.

We did receive SNAP benefits sometime during 2014 or 2015.

We did NOT receive SNAP benefits in 2014 or 2015.

**E. Child Support Paid**

List below the names of the persons who paid the child support, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. *Please note this must reflect **actual** amount paid for the year, not the agreed upon amount.*

Name of Person who Paid	Name of Child	Amount Paid in 2015

We did NOT PAY child support in 2015.

**F. Certification and Signature**

By signing below, you certify that all of the information reported is complete and correct.

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

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

Click [HERE](#) to submit completed form by email to Financial Aid at York Technical College.