



INDEPENDENT VERIFICATION FORM

2017-2018

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, 2017 - June 30, 2018, 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, 2018.

Table with 3 columns: Full Name, Age, Relationship to Student. Row 1: 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, 2017 and June 30, 2018. Include the name of the college. (Undergraduate only)

Table with 2 columns: Name of Student, Name of College. Row 1: 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.

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