



UNIVERSITY OF SOUTH CAROLINA REGIONAL CAMPUSES

Lancaster, Salkehatchie, Sumter, Union
FINANCIAL AID OFFICE

2011-2012 Independent Verification Form

Your application was selected for a review process called *verification*. In this process we compare the information provided on your FAFSA with **signed** copies of your and your spouse's 2010 federal tax forms, W-2's or other related documents. If there are differences between the two, we may need to correct your FAFSA information. **We cannot continue processing your financial aid application until all requested information is received and completed.**

Section A: Information about You

Print the information requested below:

Student's Name

Last 4 digits of SSN

Student's Phone Number

Section B: Information about You & Your Family

Print the information requested below: **Do not leave this section blank.**

Student's **current** marital status: Married/Remarried Single Divorced Widowed Separated

Month and year you were married/remarried, separated, divorced, or widowed: _____

List the people whom you and your spouse will support between July 1, 2011 and June 30, 2012. Write in the name of the college for anyone you listed here that will be attending college at least half-time between July 1, 2011 and June 30, 2012.

This includes:

- You (the student)
- Your spouse (if you are married)
- Your Dependent children
- Other people only if:
They now live with and get more than half their support from you
They will continue to get more than half their support from you from July 1, 2011 through June 30, 2012

Please list all family members as indicated above:

Full Name	Date of Birth	Relationship to student	Attending College in 2011-2012?	If Attending College in 2011-2012, What College
1.		Self	<input type="checkbox"/> Yes <input type="checkbox"/> No	USC
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more than 6 family members and continue on a separate sheet of paper.

Section C: Information about You & Your Family's Tax Filing Status

Please provide the information below. Complete the employer and earnings items if you will not/are not required to file a 2010 federal tax return.

Tax Filing Status			
I (student)	<input type="checkbox"/> Have filed/ will file a 2010 federal tax return	<input type="checkbox"/> Will not/are not required to file a 2010 federal tax return.	Employer: _____ Earnings: \$ _____ Employer: _____ Earnings: \$ _____
My Spouse	<input type="checkbox"/> Has filed/ will file a 2010 federal tax return	<input type="checkbox"/> Will not/is not required to file a 2010 federal tax return.	Employer: _____ Earnings: \$ _____ Employer: _____ Earnings: \$ _____

Section D: Information about Untaxed Income & Income Exclusions

Print the information below for Calendar Year 2010:

Student/Spouse

If not applicable, enter zeros. Do not leave any part of this section blank.

\$	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 49 or 1040A—line 31.
\$	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in question 94.
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships
\$	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. <u>Gross income. Only enter the amount that was taxable and included in your adjusted</u> Combat pay is reported on the W-2 in Box 12, Code Q.
\$	Earnings from work under a cooperative education program offered by a college.
\$	Payments to tax-deferred pension and 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 & S.
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.
\$	Child support received for ALL children. Don't include foster or adoption payments.
\$	Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.
\$	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).
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.

Section E: Certification Statement & Signatures

By signing this form, we certify that all information and documents provided are true and complete to the best of our knowledge.

Student

Date

*Return signed completed form and all requested documents to:
Financial Aid Office-*

Spouse

Date

