



**Hinds Community College**  
**Office of Financial Aid**  
**2019-2020**  
**Independent Verification**

**Office Use Only:**

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Received by: \_\_\_\_\_  
FA19CIVF

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The verification process requires Hinds Community College to compare your FAFSA information with the information on all institutional required documents. You must complete and sign this institutional verification document, attach any required documents, and submit all required documents to us. Additional information may be required to resolve conflicting data. **Please add your Hinds ID number to all attached documents.**

**A. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name First Name M.I. ID Number (**REQUIRED**) Phone number

**B. FAMILY INFORMATION**

List the people in your household. Including:

1. Yourself (and your spouse if married), and
2. Your (and your spouse if married) children, even if they don't live with you, if you will provide more than half of their support from July 1, 2019, through June 30, 2020.
3. 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, 2019, through June 30, 2020.

Write the names of ALL household members in the space(s) below. Also, write in 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 an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020.

Name	Age	Relationship	College
		<i>SELF</i>	<i>HINDS CC</i>

**C. CHILD SUPPORT PAID FOR A CHILD NOT LISTED IN THE HOUSEHOLD (*Proof may be required*)**

Did you (or your spouse if married) **PAY** child support in 2017?

☐ No ☐ Yes (If YES, indicate the 2017 child support PAID below).

SUPPORT PAID BY	SUPPORT PAID TO	NAME AND AGE OF CHILD	2017 AMOUNT PAID

Mail to: Office of Financial Aid – P.O. Box 1100 – Raymond, MS 39154-1100

Fax: 601-857-3605

**D. STUDENT'S 2017 TAX INFORMATION****Check only one:**

- \_\_\_\_\_ Student and spouse (if married) **have used** the *IRS DRT* (Data Retrieval Tool) on the *FAFSA*.
- \_\_\_\_\_ Student will provide the school with a 2017 IRS Tax Return Transcript.
- \_\_\_\_\_ Student is attaching a 2017 IRS Tax Return Transcript. (***Do not submit a copy of the 1040, 1040A, or 1040EZ***). To obtain a **2017 IRS Tax Return Transcript**, go to [www.irs.gov](http://www.irs.gov) and click on the "Get Your Tax Record" link or call 1-800-908-9946.
- \_\_\_\_\_ Student did not work and did not file taxes for the 2017 year.  
     \_\_\_\_\_ Attached is confirmation of non-filing status.  
     \_\_\_\_\_ Non-filing confirmation will be provided later.
- \_\_\_\_\_ Student was employed in 2017, but was not required to file a tax return. List the names of all employers and the amount earned from each employer. ***Provide a Wage & Income Transcript from [www.irs.gov](http://www.irs.gov).***  
     \_\_\_\_\_ Attached is confirmation of non-filing status.  
     \_\_\_\_\_ Non-filing confirmation will be provided later.

Employer's Name	2017 Amount Earned

**E. SPOUSE'S 2017 TAX INFORMATION****Check only one:**

- \_\_\_\_\_ Spouse will provide the school with a 2017 IRS Tax Return Transcript.
- \_\_\_\_\_ Spouse is attaching a 2017 IRS Tax Return Transcript. (***Do not submit a copy of the 1040, 1040A, or 1040EZ***). To obtain a **2017 IRS Tax Return Transcript**, go to [www.irs.gov](http://www.irs.gov) and click on the "Get Your Tax Record" link or call 1-800-908-9946.
- \_\_\_\_\_ Spouse did not work and did not file taxes for the 2017 year.  
     \_\_\_\_\_ Attached is confirmation of non-filing status.  
     \_\_\_\_\_ Non-filing confirmation will be provided later.
- \_\_\_\_\_ Spouse was employed in 2017, but was not required to file a tax return. List the names of all employers and the amount earned from each employer. ***Provide a Wage & Income Transcript from [www.irs.gov](http://www.irs.gov).***  
     \_\_\_\_\_ Attached is confirmation of non-filing status.  
     \_\_\_\_\_ Non-filing confirmation will be provided later.

Employer's Name	2017 Amount Earned

**F. CERTIFICATION AND SIGNATURE**

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

Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:

**EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: [EEOC@hindsc.edu](mailto:EEOC@hindsc.edu).

**Title IX:** Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: [TitleIX@hindsc.edu](mailto:TitleIX@hindsc.edu).