



Hinds Community College
Office of Financial Aid
2019-2020
Dependent Verification

Office Use Only:

Name: _____

ID: _____

Received by: _____
FA19CDVF

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 on 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 parent(s) (including stepparent) even if you don't live with your parents, and
2. Your parents other children if your parents will provide more than half of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if the child does not live with the parents.
3. Other people if they now live with your parents and your parents 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, **excluding your parent(s)**, 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 your parent(s) (**listed in the household**) **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 **has 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 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.
- _____ 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.***

Employer's Name	2017 Amount Earned

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

- _____ Parent(s) **has used** the *IRS DRT* (Data Retrieval Tool) in *FAFSA*.
- _____ Parent(s) will provide the school with a 2017 IRS Tax Return Transcript.
- _____ Parent 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 and click on the "Get Your Tax Record" link or call 1-800-908-9946.
- _____ Parent(s) did not work and did not file taxes for the 2017 year. ***Provide a Wage & Income Transcript from www.IRS.gov.***
- _____ Attached is confirmation of non-filing status.
- _____ Non-filing confirmation will be provided later.
- _____ Parents(s) 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.***
- _____ 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: _____

Parent Signature: _____ Date: _____

Hinds Community College Notice of Non-discrimination Statement: In compliance with the following: 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 person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Tyrone Jackson, Vice President for Utica Campus and Administrative Services and District Dean of Student Services & Title IX Coordinator Box 1003, Utica, MS 39175 Phone: 601.885.7002 or Email: titleIX@hindscc.edu