



Hinds Community College
Office of Financial Aid
2026-2027
Independent Verification
Worksheet



Your 2026-2027 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)
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B. STUDENT 2024 INCOME TAX INFORMATION

1. Tax Return Filers – Complete this section if the student filed a 2024 IRS Tax Return. (Check the box that applies)

- Filed and Reported Accurately**
- Adjusting Income Information:** I was able to use the IRS Data Transfer on my FAFSA but need to adjust my income information. I understand I must schedule an appointment with a Financial Aid Specialist and provide a copy of my tax transcript.

2. Non Tax Return Filers – Complete this section if student and/or spouse will not file and is NOT REQUIRED to file a 2024 IRS Tax return.

- I (and/or my spouse, if married) did not work and had no income earned from work in 2024 and I/we understand **we must provide a copy of non-filing status letter** from the IRS before my aid offer can be confirmed.
- I (and/or my spouse, if married) was employed in 2024, but was not required to file a tax return. I/spouse understand **must provide a Wage & Income Statement for each employer** listed below.

NOTE: If married but filed taxes separately, both student’s and spouse’s returns are required.

Email: finaid@hindsc.edu - Contact us: 601-857-3223

WARNING: Purposely giving false or misleading information may lead to a fine, imprisonment or both.

C. FAMILY INFORMATION - List the people in your household.

*****PLEASE READ CAREFULLY BEFORE COMPLETING*****

1. **Yourself**, the student.
2. **Your Spouse**, if you are married
3. **Your children**, if any, and if you will provide more than half of their support from July 1, 2026 through June 30, 2027.
4. **Other family members, if all** of the following conditions are true:
 - a. They live full-time with you, the student
 - b. They are claimed as a dependent on your U.S tax return.
They receive more than half of their support from you, the student during the award year.
 - *Please note that if needed, we may request more information to validate support for other family members.*

Include the **name of the college for any household member**, who will be enrolled, at least halftime in a degree, diploma, or certificate program between July 1, 2026, and June 30, 2027.

If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.

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

D. CERTIFICATION AND SIGNATURE

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

Student Signature: _____ Date: _____

Spouse Signature (Optional): _____ Date: _____