

# 2017-2018 Independent Verification Worksheet

Student Name \_\_\_\_\_ Student ID or SSN \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Student's Household Information:**

**1. List yourself below:**

Full Name	Age	Name of College
		Indian Hills Community College

**2. List your spouse below, if you are married.** Do not include your fiancé. Do not include your spouse if you are divorced, separated, or widowed. If your spouse 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, write in the name of the college.

Full Name	Age	Name of College if enrolled @ least ½ time

**Read Carefully:**

**3. List your or your spouse's children below** if you or spouse will provide more than half of the children's support from July 1, 2017, through June 30, 2018, even if a child does not live with the student. Do not include foster children.

**4. Include other people only** if they now live with you and you or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2018.

**5. Write in the name of the college** any household member who is, or 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. If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	College (if enrolled @ least ½ time)

6. Did you attend a college other than IHCC during the 2017-18 school year?       Yes       No
7. Have you filed a 2015 income tax return?       Yes       Will File       Will Not File
8. Has your spouse filed a 2015 income tax return?       Not Married       Yes       Will File       Will Not File

If you and your spouse filed taxes as "Married Filing Separately," you must both submit a Tax Return Transcript.

Certification and Signature: Signing below certifies that all of the information reported is complete and correct.  
**WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

**Student Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return this completed form and all other required materials to:

*Ottumwa Campus:* Indian Hills Community College, Attn. Financial Aid, 525 Grandview Avenue, Ottumwa, Iowa 52501

Fax: 641-683-5741, Phone: 800-726-2585, ext. 5262 or 641-683-5262, Email: [OneStop@indianhills.edu](mailto:OneStop@indianhills.edu)

*Centerville Campus:* Indian Hills Community College, 721 North First Street, Centerville, IA 52544

Fax: 641-856-3158, Phone: 800-670-3641, ext. 2200 or 641-856-2143, ext. 2200

**To check the status of your documents, go to WebAdvisor and click the Financial Checklist, under the Financial Aid heading.**