INDEPENDENT STUDENT
2009-2010 Verification Worksheet
Federal Student Aid Programs

Name: _____ ID: _____

Social Security Number: _____

1. Fill in the information about the people whom you will support during the **academic year** (July 1, 2009, through June 30, 2010). Include **yourself, spouse, and dependent children** (if they will receive more than half of their support from you). Include other people only if they lived with and received more than half of their support from you (or your spouse) at the time you completed your application and will continue to get this support between July 1, 2009 and June 30, 2010.

Full name of family member	Age	Relationship to you	College attending at least Half-time (6 credits) in a program (2009-2010 academic year)
		SELF	Mountain Empire Com. Col.

2. Attach a **SIGNED** copy of all **2008** Federal Income Tax returns filed by you and/or spouse. Include W-2 forms. If you or your spouse filed a **2008** tax return but did not keep a copy, you should request one from the Internal Revenue Service or from your tax preparer. If you or your spouse **did not file** or are not required to file a **2008** Federal Income Tax return, **check** the correct statement and **list** income received:

   ☐ I did not file a tax return ☐ My spouse did not file a tax turn

   If no tax return was filed, list source(s) of income: (Ex. Wal-Mart, $800; Babysitting, $600)

   STUDENT: _____ $_____.00
   SPOUSE: _____ $_____.00

3. List below all untaxed income received in **2008** (you, your spouse and children)

   2008 Social Security (non-taxed) received: $_____.00
   Other **2008** untaxed income received: (Ex. Black Lung, Workers Compensation, Untaxed Pensions)
   Source: _____ self/spouse/child $_____.00
   _____ self/spouse/child $_____.00

4. List child support **received** in 2008: $_____.00

   List child support **paid** in 2008: $_____.00

5. Amount of College Work-Study you earned in 2008: $_____.00

By signing this worksheet, I certify that all of the information reported on it is complete and correct. WARNING: If purposely false or misleading information is given on the worksheet, you may be fined, sentenced to jail, or both.

_____ _____
Your Signature (Student) **Date**

Return this form to: Enrollment Services\Financial Aid, Mountain Empire Community College, 3441 Mountain Empire Road, Big Stone Gap, VA 24219.

Mountain Empire Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquires regarding the non-discrimination policies: Vice-President of Financial and Administrative Services, 3441 Mountain Empire Road, Big Stone Gap, VA 24219, 276-523-2400 Virginia Relay Users Dial 711.