



**2019-2020 Independent Verification Worksheet**  
**Coahoma Community College Office of Financial Aid**  
**3240 Friars Point Road, Clarksdale, MS 38614**  
**Fax: (662) 627-9871**  
**Email: [financialaid@coahomacc.edu](mailto:financialaid@coahomacc.edu)**

Student's Last Name	Student's First Name	CCC ID or Last 4 of SSN
Student's Mailing Address		Student's Date of Birth
Student's City, State, Zip Code		Student's Phone Number

List your children, yourself, and your spouse (if married). The number of people listed must match household size from 2019-2020 FAFSA.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time?
<i>Coco Tiger (example)</i>	<i>24</i>	<i>Self</i>	<i>Coahoma Community College</i>	<i>Yes</i>

**Complete this section if the student filed or will file a 2017 income tax return with the IRS.**

- The student (and, if married, the student's spouse) used the IRS Data Retrieval Tool to retrieve and transfer 2017 IRS income information into the student's FAFSA.
- An IRS tax return transcript is attached to this worksheet. For spouses who do not file *Married Filing-Jointly*, both tax return transcripts will be required. *Verification cannot be completed until the IRS tax return transcript has been submitted to the school. To obtain an IRS tax return transcript call 1-800-908-9946.*

**Complete this section if the student will not file and is not required to file a 2017 income tax return with the IRS.**

- The student (and, if married, the student's spouse) was not employed and had no income earned from work in 2017.
- The student (and, if married, the student's spouse) was employed in 2017 but did not file a tax return. Please attach W-2s.

*\*Note: If the student or spouse does not file taxes, additional income verification may be needed before any aid can be processed. This may or may not include: Supplemental Nutrition Assistance Program (SNAP) benefits in 2017 or 2018, received child support in 2017, social security/disability benefits in 2017 or unfiled 2017 W-2s.*

Student's Signature	Date
Spouse's Signature (optional)	Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**