

2016-2017  
FINANCIAL AID

Independent Verify  
Group 5 Packet

STUDENT INFORMATION SHEET



Cunningham Boulevard  
Booneville, MS 38829  
Phone: (662) 720-7205  
Fax: (662) 720-7232

Please answer all questions carefully. Do not leave any blank.

PERSONAL INFORMATION

Name \_\_\_\_\_  
Last First Middle/Maiden

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Where will you reside while attending Northeast? Check one: ( ) with parents ( ) on campus ( ) off-campus\*

\*If you live off campus, you must provide your landlord's name, address, and phone number, or check here ( ) if you own or are buying your home.

\_\_\_\_\_  
(Landlord's Name)

\_\_\_\_\_  
(Landlord's Address)

\_\_\_\_\_  
(Landlord's Phone Number)

EDUCATIONAL STATUS

When do you plan to enroll at Northeast? \_\_\_\_\_ (Month/Year)

In what session will you enroll during the academic year? ( ) Fall ( ) Spring ( ) Summer

What classification will you be? ( ) Freshman ( ) Sophomore

How many hours do you plan to enroll in:  
\_\_\_\_\_ Hours Fall Semester \_\_\_\_\_ Hours Spring Semester \_\_\_\_\_ Hours Summer  
(If you are not sure how many hours you will enroll in, but you plan to be full-time, please write "FT" in appropriate blanks)

Have you ever attended another college? Yes \_\_\_ No \_\_\_ If yes, give name and the dates attended of all colleges:

\_\_\_\_\_  
\*Please include semesters in which you withdrew from college. Failure to list other colleges attended could mean denial of student financial aid.

Have you ever attended Northeast? Yes \_\_\_ No \_\_\_ If yes, how many **semesters** have you completed at Northeast? \_\_\_\_\_

EDUCATIONAL OBJECTIVES

Major course of study during the academic year (Major) \_\_\_\_\_

When do you plan to complete your education at Northeast \_\_\_\_\_  
Month Year

STUDENT LOANS

Student loans are automatically packaged for each student. To accept your student loan offer, log on to Tigerline at [www.nemcc.edu](http://www.nemcc.edu) and follow the instruction listed below:

Logon through your **Secure Access Login**. Click the "Student Services" tab, click "Financial Aid", click and "Award", click "Accept Award Offer by Aid Year", Select "Aid Year", submit, choose **Accept Award Offer** tab then **Accept** the offer. If you do not want the loan, then choose **Decline** to decline the offer.

You will also receive an email or letter informing you that a loan offer has been packaged with instructions to login to Tigerline.

**You will also need to complete the Loan Entrance Counseling and Master Promissory Note at [www.studentloans.gov](http://www.studentloans.gov). Your student loan will not be processed until we have received Loan Entrance Counseling confirmation, and an MPN has been completed.**

## STATEMENT OF REGISTRATION STATUS

- \_\_\_\_\_ I certify under penalty of perjury that I am registered with Selective Service.
- \_\_\_\_\_ I certify that I am not required to be registered with Selective Service because:
  - \_\_\_\_\_ I am female
  - \_\_\_\_\_ I am in the armed services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty)
  - \_\_\_\_\_ I have not reached my eighteenth birthday
  - \_\_\_\_\_ I was born before 1960
  - \_\_\_\_\_ I am a citizen of the Federated States of Micronesia, the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Island (Palau)

\*Section 97-9-59, Mississippi code of 1972, defines perjury as “Every person who shall willfully and corruptly swear, testify, or affirm falsely to any material matter under any oath, affirmation, or declaration legally administered in any matter, cause, or proceeding pending in any court of law or equity, or before any officer thereof, or in any case where an oath or affirmation is required by law or is necessary for the prosecution or defense of any private right or for the ends of public justice, or in any matter preceding before any tribunal or officer created by the Constitution or by law, or where any oath may be lawfully required by an judicial, executive, or administrative officer, shall be guilty of perjury, and shall not thereafter be received as a witness to be sworn in any matter or cause whatever, until the judgment against him be reversed.

**NOTICE: YOU WILL NOT RECEIVE ANY FINANCIAL ASSISTANCE UNLESS YOU COMPLETE THE ABOVE STATEMENT.**

**PLEASE NOTE: LLS, COE AND EDU Classes Will Not Be Counted Toward Total Hours For Financial Aid Purposes, Unless In Your Curriculum.**

### STUDENT CERTIFICATION

I certify that I have read and understand the above guidelines. I certify that the information that I have provided on the Student Information Sheet is true and correct to the best of my knowledge. I understand that I must meet all requirements for regular admission to receive financial aid.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Independent Verification 2016-2017**

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

**A. Student’s Information**

|   |            |      |  |
|---|------------|------|--|
| Student’s Last Name                         | First Name | M.I. | Student ID of last four digits of SSN                      |
| Student’s Street Address (include apt. no.) |            |      | Student’s Home Phone or Cell Number<br>(Include area code) |
| City State Zip Code                         |            |      |  |

**B. Number of Household Members and Number in College**

List below the people in the student’s household. Include:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

For any household member 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, 2016, and June 30, 2017, include the name of the college.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time (Yes or No) |
|-----------|-----|--------------|---------|---|
|           |     | <i>Self</i>  |         |   |
|           |     |              |         |   |
|           |     |              |         |   |
|           |     |              |         |   |
|           |     |              |         |   |
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|           |     |              |         |   |
|           |     |              |         |   |
|           |     |              |         |   |

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

**Independent Verification 2016-2017****STUDENT TAX FILERS****C. Verification of 2015 IRS Income Tax Return Information for Student Tax Filers  
(COMPLETE THIS SECTION ONLY IF STUDENT/SPOUSE FILED A 2015 IRS TAX RETURN)**

**Important Note:** The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2015 or had a change in marital status after the end of the 2015 tax year on December 31, 2015.

**Instructions:** Complete this section if the student and spouse filed or will file a 2015 IRS income tax return(s). *The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at [FAFSA.gov](http://fafsa.gov).* In most cases, no further documentation is needed to verify 2015 IRS income tax return information that was transferred into the student's FAFSA using the IRS DRT if that information was not changed.

Contact the financial aid office if more information is needed about using the IRS DRT.

**Check the box that applies:**

- The student has used the IRS DRT in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student's FAFSA.
- The student is unable or chooses not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school a **2015 IRS Tax Return Transcript(s)**. (signature not required)

To obtain a **2015 IRS Tax Return Transcript**, go to <http://www.irs.gov/Individuals/Get-Transcript>. Because of the new 'Get Transcript Online' tool, the IRS will no longer handle requests for transcripts at its Taxpayer Assistance Centers or by phone, except for the IRS automated phone tool at 1-800-908-9946. Tax filers who are unable to use the "Get Transcript Online" tool will still be able to submit a transcript request online by using the online "Get Transcript by Mail" option, or by using the IRS2GO mobile app, the automated phone tool at 1800-908-9946, or by submitting a paper Form 4506 or 4506-T. The transcript will then be mailed to the tax filer. In most cases, for electronic filers, a **2015 IRS Tax Return Transcript** may be requested from the IRS within 2–3 weeks after the 2015 IRS income tax return has been accepted by the IRS. Generally, for filers of 2015 paper IRS income tax returns, the **2015 IRS Tax Return Transcript** may be requested within 8–11 weeks after the 2015 paper IRS income tax return has been received by the IRS.

If the student and spouse filed separate 2015 IRS income tax returns, **2015 IRS Tax Return Transcripts** must be provided for both.

**STUDENT NON-TAX FILERS****D. Verification of 2015 Income Information for Student Nontax Filers  
(NOT REQUIRED IF COMPLETED SECTION C)**

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2015 income tax return with the IRS.

**Check the box that applies:**

- The student and spouse were not employed and had no income earned from work in 2015.
- The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is provided. [Provide copies of all 2015 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

| Employer's Name                        | 2015 Amount Earned | IRS W-2 Provided? |
|--|--------------------|-------------------|
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00</i>  | <i>Yes</i>        |
|  |                    |                   |
|  |                    |                   |
|  |                    |                   |

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### E. Receipt of SNAP Benefits

The student certifies that a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household includes:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

|   |
|---|
| <input type="checkbox"/> I certify that myself or someone in my household received SNAP benefits. |
| <input type="checkbox"/> I certify that no one in my household received SNAP benefits             |

### F. Child Support Paid

The student or spouse, who is a member of the student’s household, paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support Was Paid | Amount of Child Support Paid in 2015 |
|---------------------------------------|---|---|--------------------------------------|
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |
|                                       |   |   |                                      |

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

# Independent Verification 2016-2017

## G. Certification and Signature

Each person 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, be sentenced to jail, or both.**

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID or last four digits of SSN

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date



**Identity and Statement of Educational Purpose**

**The student must sign, in the presence of the institutional official, the following:**

I, \_\_\_\_\_, certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Northeast Mississippi Community College for 2016-2017.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Social Security Number

**If Signed at the Institution:**

The student must appear in person at Northeast Mississippi Community College to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

**If NOT Signed at the Institution:**

If the student is unable to appear in person at Northeast Mississippi Community College to verify his or her identity, the student must provide:

- A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_, before me,

\_\_\_\_\_, personally appeared, \_\_\_\_\_, and provided  
(notary's name) (student's name)

to me on basis of satisfactory evidence of identification \_\_\_\_\_ to be the  
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

\_\_\_\_\_  
Notary Signature

My commission expires on \_\_\_\_\_(Date)

**STUDENT AUTHORIZATION  
Use of Financial Aid  
2016 – 2017 Aid Year**

**This section is optional. Only students wishing to charge expenses other than tuition, room and board and required fees must complete this section. Be aware that NO other charges (books, etc.) can be charged against your financial aid without a signed authorization. Federal Pell Grant eligible students who wish to charge books and supplies only in the college bookstore to their business office account need not sign this authorization if their aid application is complete.**

Financial aid is provided to help cover the cost of attending college. Based upon my signature below, I am requesting that I be allowed to utilize my financial aid to cover all cost of my enrollment at Northeast Mississippi Community College. I wish to use my financial aid to:

- pay tuition, fees, and room and board,
- charge textbooks, class supplies, and other items in the NEMCC Bookstore
- pay other incidental charges associated with my enrollment and attendance at NEMCC: such as, malpractice insurance, voluntary accident insurance, child care fees, testing fees, late fees, and other college related charges

I understand that I am requesting to charge these costs against my federal grant or loan, as well as, any state or private financial aid. I understand that my financial aid may not provide enough resources to cover all of the costs of college enrollment and that I am personally responsible for costs in excess of my final financial aid awarded. I understand that I will not be allowed to charge any costs in excess of my financial aid. I understand that my approved financial aid amount may change during the semester based on my enrollment status.

**I also understand all charges I incur will be deducted from the first financial aid received on campus regardless of source. I understand that I, the student, am personally responsible for all debts I incur at Northeast Mississippi Community College.**

I understand that I can charge against my federal or state grant two (2) days before the beginning of classes, and on three (3) separate occasions during the first four (4) weeks of the semester. A check for the remaining balance, if any, of my financial aid will be issued to me after the tenth week of the semester.

I understand that if I am charging to a loan I may charge only one time and that charge must be made within the first two weeks of school. I understand that if I leave school for any reason before the loan check distribution date, I am responsible for all charges made.

In the event I do not complete the semester, I further understand that I may return my books to the college bookstore for a pro rata refund in accordance with the bookstore refund policy and the federal financial aid regulations. All other items purchased in the bookstore with financial aid are excluded from the pro rata refund upon withdrawal. I understand that I will pay the college the total amount due for these items charged.

**As stated earlier, I understand that all charges made at Northeast Mississippi Community College will be paid with the first financial aid received by the college.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

**Sign and return form to:**

Northeast Mississippi Community College  
Financial Aid Office  
Cunningham Blvd.  
Booneville, MS 38829

*The above authorization provides documentation required under Federal Register 34 CFR 668.165.*