



# AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799  
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

## 2015—2016 V6-Household Resources Verification

Your application for federal financial aid was selected for review in a process called “Verification.” In the process, we will be comparing information from your FAFSA application with your Federal tax information, W-2 forms and/or other financial documents. The law says we must ask you for this information before awarding financial aid. If there are differences between your application information and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign the worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application until verification has been completed.

### I: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID #
Address (P.O. Box, Village, City, State, Zip Code)			Date of Birth
Email Address			Home/Cell Phone

### II: FAMILY INFORMATION

**DEPENDENT STUDENTS: List the people in your parents’ household; include the following:**

- Yourself and your parent(s) you live with (including stepparent), and
- Your parents’ other children, if (a) your parents provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

**INDEPENDENT STUDENTS: List people in your household; include the following:**

- Yourself and your spouse, if married,
- Your children, if you provide more than half of their support from July 1, 2015 through June 30, 2016, and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 to June 30, 2016.

**Write the names of all family members. Also write in the names of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.**

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self		

**III: STUDENT’S INCOME INFORMATION TO BE VERIFIED—Complete Section A, or B, or C.**

**A. U.S. TAX RETURN FILERS—Check the box that applies**

*Complete this section if you, the student, filed or will file a 2014 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to FAFSA.ed.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA.*

- I, the student, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse’s) 2014 IRS income information into my FAFSA or when making a correction to the FAFSA.
- I, the student, have not yet used the IRS Data Retrieval Tool, but I will use the tool to transfer my (and, if married, my spouse’s) 2014 IRS income information into my FAFSA once I have filed my 2014 IRS tax return.
- I, the student, am unable to choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and I will submit to the school 2014 IRS tax return transcript(s).

**B. NON-U.S. TAX RETURN FILERS**

- I, the student, completed a 2014 foreign tax return or a tax return with another U.S. territory or one of the Freely Associated States. A signed copy is attached.

**C. NON-TAX FILERS—Complete this section if you, the student (and, if married, your spouse), will not file and are not required to file a 2014 income tax with the IRS or other government agency. Check the box that applies:**

- I, the student (and, if married, the student’s spouse) was not employed and had no income earned from work in 2014.
- I, the student (and/or the student’s spouse if married) was employed in 2014 and has listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2/wage stated form is attached. Attach copies of all 2014 W-2/wage statement forms issued to you (and, if married, to your spouse) by employers.

Employer’s Name	2014 Amount Earned	W-2/Wage Statement Attached??
Suzy’s Auto Body Shop (example)	\$ 2,000.00	YES

According to the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0132. The time required to complete this information collection is estimated to average fifteen minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly

**IV: PARENT’S INCOME INFORMATION TO BE VERIFIED (Complete this section if you were required to provide Parent information on the FAFSA)**

**A. U.S. TAX RETURN FILERS—Check the box that applies**

*Complete this section if the student’s parent(s), **filed or will file** a 2014 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to FAFSA.ed.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA.*

- The student’s parent has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2014 IRS income information into student’s FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- The student’s parent has not yet used the IRS Data Retrieval Tool, but will use the tool to transfer 2014 IRS income information into the student’s FAFSA once the parent’s IRS tax return has been filed. *See instruction above for information on how to use the IRS Data Retrieval Tool. The student’s Financial Aid Office cannot complete verification until the parent has transferred IRS information into the student’s FAFSA.*
- The parent is Unable or chooses not to use the IRS Data Retrieval Tool, and the parent will submit to the student’s school a copy of the parent’s **2014 IRS tax return transcript(s)**.

**B. NON-U.S. TAX RETURN FILERS**

- The student’s parent completed a 2014 foreign tax return or a tax return with another U.S. territory or one of the Freely Associated States. A signed copy is attached.

**C. NON-TAX FILERS—Complete this section if the student’s parent(s) will not file and is not required to file a 2014 income tax return with the IRS or other government agency. Check the box that applies:**

- The parent(s) was not employed and had no income earned from work in 2014.
- The parent(s) was employed in 2014 and has listed below the names of all the parent’s employers, the amount earned from each employer in 2014, and whether an IRS W-2/wage statement form is attached. Attach copies of all 2014 W-2/wage statement forms issued to the parent(s) by employers.

Employer’s Name	2014 Amount Earned	W-2/Wage Statement Attached??
Suzy’s Auto Body Shop (example)	\$ 2,000.00	YES

**V: OTHER INFORMATION TO BE VERIFIED**

A. Did you (or your spouse, if married) and/or your parent(s) pay child support in 2014?

YES                       NO

If yes, indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom support was paid, and the total annual amount of the child support that was paid in 2014 for each child.

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 2014

B. Did someone in your household (listed in Section II) receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2014 or 2015??

YES                       NO

**VI: VERIFICATION OF OTHER UNTAXED INCOME FOR 2014**

**A. Payments to tax-deferred pension and retirement savings**

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2014

**B. Child Support Received**

List the actual amount of any child support received in 2014 for the children in your household. **DO NOT INCLUDE** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of the Adult Who Received the Support	Name of the Child for Whom Support Was Received	Amount of Child Support Received in 2014

**C. Housing, food, and other living allowances paid to members of the military, clergy, and others**

Include cash payments and/or the cash value of benefits received.

**DO NOT INCLUDE** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2014

**D. Veterans Non-Education Benefits**

List the total amount of veterans non-education benefits received in 2014. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

**DO NOT INCLUDE** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-Education Benefit	Amount of Benefit Received in 2014

**E. Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**DO NOT INCLUDE** any items reported or excluded in sections A – D above. In addition, **DO NOT INCLUDE** Student Aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2014

**F. Money Received or paid on the student's behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2014. Include support

from a parent whose information was not reported on the student’s 2015—16 FAFSA, but **DO NOT INCLUDE** support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc, for the student or gives cash, gift cards, etc, include the amount of that person’s contributions unless the person is the student’s parent whose information is reported on the student’s 2015—16 FAFSA. Amounts paid on the student’s behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the students.

Purpose: Rent, Books, Cash, etc.	Amount Received in 2014	Source

**VII: ADDITIONAL INFORMATION—Support Certification**

So that we can fully understand the student’s family’s financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student’s household. If the student (and spouse, if married) or student’s parent(s) (if dependent) income reported on this form is less than \$5000, then please explain how the student or student’s parents met their monthly expenses. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as low income housing, federal veterans education benefits, military housing, SNAP (food stamps), cash aid, social security benefits, etc.).

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

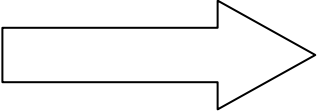
---

---

---

---

*please continue to next page in order to complete verification*



## VIII: CERTIFICATION AND SIGNATURES

By signing this worksheet, I/we certify that all the information reported to qualify for Federal Student Aid is complete and correct.

\_\_\_\_\_  
PRINT Student Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Student (signature)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Spouse (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (signature)

\_\_\_\_\_  
Date

(required for dependent student)

**SUBMIT Form In Person to: American Samoa Community College Financial Aid Office  
2609 Mapusaga Road  
Pago Pago, AS 96799**

**Submit by Email: [finaid@amsamoa.edu](mailto:finaid@amsamoa.edu)**

**Submit by FAX: (684) 699-8968 OR (684) 699-1083**