



**Financial Aid Office**  
**Heartland Community College**  
**1500 W. Raab Road**  
**Normal, IL 61761**  
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**Email: [finaid@heartland.edu](mailto:finaid@heartland.edu)**

## 2019-2020 Verification Worksheet

### Independent Student

Your 2019-2020 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 that 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 and a parent whose information was reported on the FAFSA 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.

All students and spouses (if applicable) must complete Sections 1, 2 and 4. Section 3 will be completed if you did not file 2017 taxes.

If there are differences between information on your FAFSA and this worksheet, **the Financial Aid Office will notify you via your Heartland email** if additional documentation is needed or any other questions need to be answered. After verification is complete, you will be notified about the amount of financial aid you are eligible to receive through your Heartland email, along with an Award letter in the mail.

#### Section 1: Student Information:

Print: Last Name	First Name	M.I.	HCC Student ID Number	
Street Address		City	State	Zip
Date of Birth	Phone Number		Cell Phone (if applicable)	

#### Section 2: Household Information

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

- The Student
- Your spouse (if applicable)
- Your children, if you will provide more than half of their support from July 1, 2019 through June 30th, 2020.
- 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, 2019 to June 30, 2020.

Please include the name of the college for any household member(s) who will be enrolled at least half time, in a degree, diploma or certificate program at an eligible postsecondary educational institute any time between July 1, 2019 and June 30, 2020. If more space is needed, attach a separate page with your name and student ID number at the top.

First and Last Name	Age	Relationship to student	College or University	Enrolled at least Halftime (6 credit hours)?	
Example: Student's Name	19	Self	Heartland Community College	Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>
				Yes <input type="radio"/>	No <input type="radio"/>

**Section 3: Non-Tax Filer Income Information: Should only be completed if you did not file taxes for 2017.**

**Non-tax-filers - Attention non-tax filers: By signing this document you are certifying that you were not required to file income taxes for 2017, and both the source and amount of income earned from work as reported on the FAFSA are correct.**

Student: Check One

- o I, the student, was not employed and had no income earned from work in 2017.
- o I, the student, was employed in 2017 and have listed below the names of all employers, the amount earned from each employer in 2017 and whether an IRS W-2 form is provided. **(Provide copies of all 2017 IRS W-2 forms issued to you, the student, by your employer).** List every employer even if the employer did not issue an IRS W-2 form.

Spouse (if applicable) Check One

- o My spouse was not employed and had no income from in 2017.
- o My spouse was employed in 2017 and have listed below the names of all employers, the amount earned from each employer in 2017 and whether an IRS W-2 form is provided. **(Provide copies of all 2017 IRS W-2 forms issued to you, the student, by your employer).** List every employer even if the employer did not issue an IRS W-2 form.

Check Person Employed		Name of Employer	Amount Earned	IRS W-2 Provided?	
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Student	<input type="checkbox"/> Spouse			Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section 4: Certification and Signature**

Each person signing below certifies that the information reported is complete and correct. The student and spouse whose information was reported on the FAFSA must sign and date.

**Warning: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Spouse Signature Date

**Documents may be faxed or mailed to the address on the front of this form.**