



# LANCASTER BIBLE COLLEGE

## 2017-2018 Verification Worksheet -- Independent

Your FAFSA application has been selected for review in a process called “**Verification.**” *Before LBC can award you Federal Student Aid*, the law requires that the information from your FAFSA be compared with Federal IRS tax information as well as other financial documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach all required documents and submit to the Financial Aid Office by US mail, fax or email: Lancaster Bible College, 901 Eden Road, Lancaster PA 17601 | 717.560.8254 | Fax: 717.560.8216 | [financialaid@lbc.edu](mailto:financialaid@lbc.edu)

### STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Student’s Social Security Number
_____	_____	_____	_____
Student’s Date of Birth	Student’s Email Address	Student’s Phone Number (include Area Code)	

### Section 2: INCOME VERIFICATION -- Student and Spouse (if married)

**A. FOR TAX FILERS** -- If you and/or your spouse FILED a 2015 IRS Income Tax Return and did not use the IRS Data Retrieval Tool on your FAFSA, verify your 2015 tax information by providing a 2015 IRS Income Tax Return Transcript(s) through one of these methods: a) Online Request - Go to [www.irs.gov](http://www.irs.gov), b) Telephone Request - 1-800-908-9946 or c) Paper Request Form – IRS Form 4506T-EZ or IRS Form 4506-T

<b>STUDENT</b>	<b>SPOUSE</b>	
<input type="checkbox"/>	<input type="checkbox"/>	I used the IRS Data Retrieval Tool when completing/updating the 2017-18 FAFSA.
<input type="checkbox"/>	<input type="checkbox"/>	I did not use the IRS DRT, and will provide my 2015 IRS Tax Return Transcript.

**B. FOR NON-TAX FILERS** -- If you and/or your spouse WILL NOT and ARE NOT REQUIRED to file a 2015 IRS Income Tax Return, complete all information requested below and attach all W-2 Forms provided by all employers.

<b>STUDENT</b>	<b>SPOUSE</b>	
<input type="checkbox"/>	<input type="checkbox"/>	I was <u>not</u> employed and had no income earned from work in 2015.
<input type="checkbox"/>	<input type="checkbox"/>	I was employed in 2015 and have listed below the names of <u>all</u> employers, the amount earned from each employer, and whether an IRS W-2 form was provided by my employer(s). <u>I have attached a copy of all 2015 W-2 form(s)</u>

<i>Name of Student’s Employer</i>	<i>Amount Earned in 2015</i>	<i>IRS W-2 Included?</i>
<i>Suzy’s Auto Body Shop (example)</i>	<i>\$2000.00 (example)</i>	<i>Yes (example)</i>
<i>Name of Spouse’s Employer</i>	<i>Amount Earned in 2015</i>	<i>IRS W-2 Included?</i>

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**Section 3: UNTAXED INCOME & OTHER FINANCIAL INFORMATION – Student and Spouse**

**Enter zero (-0-) if none received.** You may be required to submit W-2s issued by your employer(s).

Student/Spouse	Calendar Year 2015
\$	<b>Payments to tax-deferred pensions and retirement savings plans</b> (paid directly or withheld from earnings), including, but not limited to, amounts reported on W-2 Form Box 12a-12d, with codes D, E, F, G, H, and S.
\$	<b>Child support received</b> for all children listed in your household. <b>Do not</b> include foster care/adoption payments or any amount that was court ordered but not actually paid.
\$	<b>Housing, food, and other living allowances</b> paid to members of the clergy, military, and others (including cash payments and/or cash value of benefits received). <b>Do not</b> include the value of on-base military housing or the value of a basic military allowance for housing.
\$	<b>Veterans' non-education benefits</b> , such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. <b>Do not</b> include Post-9/11, GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.
\$	<b>Any other untaxed income or benefits</b> not reported elsewhere on this form, such as workers' compensation, disability benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. <b>Don't include</b> extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Innovation and Opportunity Act (WIOA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.
\$	<b>Cash or any other money paid on your behalf</b> , not reported elsewhere on this form. <b>(Student only).</b> Include any payments from a parent or other person NOT reported on the 2017-18 FAFSA for things such as rent, utility bills, etc. Amounts paid on the student's behalf from a 529 plan owned by someone other than the student or the student's parents (such as grandparents or aunts/uncles) must also be included.
\$	<b>Combat pay or special combat pay.</b> Only enter the amount that was taxable and included in the adjusted gross income. Don't enter untaxed combat pay reported on the W-2 (Box 23, Code Q)
\$	<b>Taxable earnings from need-based employment programs</b> , such as Federal Work Study and need-based employment portions of Fellowships and assistantships.

**Section 4: FAMILY INFORMATION**

List below the people in **your household**. Include: 1) **yourself**; 2) **your spouse**, if you are married; 3) **your children and your spouse's children** if you or your spouse will provide **more than half** of the children's support from July 1, 2017 through June 30, 2018, even if the children do not live with you or your spouse; 4) **other people** if they now live with the you and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2018.

**Number in College:** 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, 2017 and June 30, 2018 include the name of the college.

Full Name	Age	Relationship to you	College Attending (if at least half-time 2017-18)	Will be Enrolled at Least Half Time (yes or no)
<i>Missy Jones (example)</i>	22	<i>Spouse</i>	<i>Central University</i>	<i>yes</i>
		<i>Self</i>	<i>LBC</i>	

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

### Section 5: CERTIFICATIONS AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported is complete and correct. I/We also acknowledge that I/we have read and agree to comply with all verification policies as stated by Lancaster Bible College.

**Failure to submit this completed worksheet, the needed tax verification, and other required documents in a timely fashion may result in the FAFSA application being filed as inactive with no further consideration and no federal student aid for the academic year. Immediate response is appreciated.**

**Signatures:**

_____	_____	_____	_____
Student (Required)	Date	Spouse (optional)	Date

Please submit completed and signed document by uploading it into "My Community"  
It can also be submitted via fax (717-560-8216), e-mail ([financialaid@lbc.edu](mailto:financialaid@lbc.edu)), or mail:  
Lancaster Bible College  
Financial Aid Department  
901 Eden Road  
Lancaster, PA 17601

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