



UNTAXED INCOME VERIFICATION

Your FAFSA was selected for a review process called verification. In the process, the campus will be comparing information from your FAFSA with your Federal tax information, W-2 forms and/or other financial documents. The federal law states that the campus must ask for this information before awarding financial aid. If there are differences between your FAFSA information and your financial documents, corrections will be made to your FAFSA and your information will be reprocessed. You must complete and sign this worksheet and submit it along with any documents requested below no later than 30 days prior to the last date of the semester. We cannot continue processing your financial aid application until verification is completed.

It is **REQUIRED** to submit a copy of a W-2 form for each source of income earned from work for 2015. Whether you did file or did not file a 2015 federal tax return, you must still submit a W-2 form for any employment income earned in 2015.

Please provide information for student (and spouse, if applicable) and/or parents. If any item does not apply, enter 'N/A' for Not Applicable where a response is requested, or enter '0' in an area where an amount is requested. **DO NOT LEAVE ANY ITEM BLANK.**

A. STUDENT INFORMATION

Form with fields for Last Name, First Name, M.I., UH ID Number, Phone Number, and Date of Birth.

B. UNTAXED INCOME

Table with 3 columns: STUDENT/SPOUSE, REPORT ANNUAL AMOUNTS, and PARENT(S). Rows list various income sources like Welfare benefits, Social Security, pension, child support, etc.

If the total income per person is less than \$3,000 per person, please explain how your family was financially supported during the 2015 calendar year. For example, if you have 4 people listed in your household and your total income is less than \$12,000, you must explain how your family was able to meet the daily living expenses of the household. **Attach additional sheets if needed.**

Horizontal lines for providing an explanation of financial support.

STUDENT NAME: _____

UH ID #/USERNAME: _____

C. **CERTIFICATION AND SIGNATURES:** By signing this worksheet, we certify that all the information reported to qualify for federal student aid is complete and correct.

Student (required) Date

Parent (required for dependent student) Date

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

DO NOT MAIL THIS WORKSHEET TO THE U.S. DEPARTMENT OF EDUCATION

RETURN THIS FORM ALONG WITH ANY OTHER REQUIRED DOCUMENTATION TO THE COMMUNITY COLLEGE CAMPUS THAT YOU WILL BE ATTENDING:

Community College	Address	Email	Phone
Hawai'i Community College	200 West Kawili Street * Hilo, HI 96720	hawccfao@hawaii.edu	(808) 934-2712
Honolulu Community College	874 Dillingham Boulevard * Honolulu, HI 96817	honccfao@hawaii.edu	(808) 845-9116
Kapi'olani Community College	4303 Diamond Head Road * Honolulu, HI 96816	kapinfo@hawaii.edu	(808) 734-9555
Kaua'i Community College	3-1901 Kaunuali'i Highway * Lihu'e, HI 96766	kauccfao@hawaii.edu	(808) 245-8360
Leeward Community College	96-045 Ala 'Ike Street * Pearl City, HI 96782	lccfao@hawaii.edu	(808) 455-0606
University of Hawai'i Maui College	310 West Ka'ahumanu Ave * Kahului, HI 96732	mauifa@hawaii.edu	(808) 984-3277
Windward Community College	45-720 Kea'ahala Road * Kāneohe, HI 96744	wccfao@hawaii.edu	(808) 235-7449