FINANCIAL AID OFFICE 2016-17

Non-U.S. Tax Return Filers

copy is attached.

VERIFICATION WORKSHEET

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, sign and submit this worksheet 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.

Last Name	First Name	M.I.	UHI	D Number/Username
Phone Number			Date	of Birth
 B. FAMILY INFORMATION DEPENDENT STUDENTS: You are considered required to provide your parent's information B, C, D, E, F and G. yourself, your parent(s) you live with (including some your parents' other children, if (a) your parents' other parental information and other people if they now live with your parents' other people if they now live wi	tepparent), and parents provide more than half of the same applying for Federal student to provide and your parents provide to provide more than half of the same applying for Federal student to provide and your parents provide the same applying for than half of the same applying for the same applying for Federal student to provide more than half of the same applying for the same applying for Federal students.	ss A, if you we FAFSA. (yo yo yo heir l be t aid, ott ha nore	cre not required Complete sections are self, our spouse, if mour children, if y ly 1, 2016 thrown the people if the lf of their supp	ENTS: You are considered an Independent student to provide your parent's information on your ons A, B, C, E, F and G. arried, you provide more than half of their support from ugh June 30, 2017, and ey now live with you, and you provide more than ort and will continue to provide more than half of n July 1, 2016 to June 30, 2017
college for any family member, excluding	g your parent(s), who will be a	ttending college at le	east half-time	pove (if applicable). Also write the name of the between July 1, 2016 and June 30, 2017, and
	g your parent(s), who will be a certificate program. Attach a s	attending college at le eparate sheet if more	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.
college for any family member, excluding will be enrolled in a degree, diploma, or or	g your parent(s), who will be a	ttending college at le	east half-time space is need	between July 1, 2016 and June 30, 2017, and
college for any family member, excluding will be enrolled in a degree, diploma, or or	g your parent(s), who will be a certificate program. Attach a s	attending college at le eparate sheet if more Relationship	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.
college for any family member, excluding will be enrolled in a degree, diploma, or or	g your parent(s), who will be a certificate program. Attach a s	attending college at le eparate sheet if more Relationship	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.
college for any family member, excluding will be enrolled in a degree, diploma, or or	g your parent(s), who will be a certificate program. Attach a s	attending college at le eparate sheet if more Relationship	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.
college for any family member, excluding will be enrolled in a degree, diploma, or or	g your parent(s), who will be a certificate program. Attach a s Age	attending college at le eparate sheet if more Relationship Self	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.
college for any family member, excluding will be enrolled in a degree, diploma, or of Full Name	g your parent(s), who will be a certificate program. Attach a s Age	attending college at le eparate sheet if more Relationship Self	east half-time space is need	between July 1, 2016 and June 30, 2017, and led.

Student completed a 2015 foreign tax return or a tax return with another U.S. territory or one of the Freely Associated States. A signed

FINANCIAL AID OFFICE STUDENT NAME:			2016-17 UH ID #/USERNAME:					
	3.	Non-Tax Filers						
			did not file and/or are not required to in 2015. If you (and/or spouse) had n			rn, list below your employer(s) and any enter "0".		
So	urce	(Use the W-2 form or othe	r earnings statement)		2015 Amount (atta	nch W-2/Wage Statement)		
D.	PA	RENT(S) TAX FORM AND INCOME INFORMATION (FOR DEPENDENT STUDENTS)						
	1. TAX RETURN FILERS							
	Parent(s) has used the IRS Data Retrieval Tool, or did not use the IRS Data Retrieval Tool, but will use the Tool to transfer IRS information to FAFSA once 2015 Federal Tax Return is filed. (FAO will use IRS information that was transferred)							
		Parent(s) is unable or o	choose not to use the IRS Data Retriev	val Tool in FAFS	SA. 2015 Federal Ta	x Return Transcript is attached.		
	2.	Non-U.S. TAX RETURN I	FILERS					
		☐ Parent(s) completed a 2015 foreign tax return with another U.S. Territory or one of the Freely Associated States. A signed copy is attached.						
	3.	Non-Tax Filers						
☐ If your parent(s) did not file and/or are not required to file a 2015 Federal Income Tax Return, list below your parent(s) employer(s any income earned from work in 2015. If your parent(s) had no income earned from work for 2015, enter "0".								
So	urce	(Use the W-2 form or othe	r earnings statement)		2015 Amount (attach W-2/Wage Statement)			
E.		DID SOMEONE IN YOUR HOUSEHOLD (AS REPORTED ON THE FAFSA) RECEIVE BENEFITS FROM THE SUPPLEMENTAL NUTRITIC PROGRAM OR SNAP (FORMERLY KNOWN AS FOOD STAMPS) ANY TIME DURING 2014 OR 2015?						
	[YES No	0					
F.	DII	YOU (OR YOUR SPOUSE, IF I	U (OR YOUR SPOUSE, IF MARRIED) AND/OR YOUR PARENT(S) PAY CHILD SUPPORT IN 2015?					
			person who paid the child support, to d support that was paid in 2015 for ea		support was paid, for	whom child support was paid, and the		
N	ame (of Person who Paid Child Support	Name of Person to whom Child Support was Paid		l for whom Support as Paid	Amount of Child Support Paid in 2015		
G.	G. 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)		(required)	Date	misleading inf		you purposely give false or formation on this worksheet, you be sentenced to jail, or both.		
Par	ent (required for dependent st	tudent) Date			• .		
			I TO THE U.S. DEPARTMENT OF I	EDUCATION				
RE	ΓURN	THIS FORM ALONG WITH A	ANY OTHER REQUIRED DOCUMENTAT	TION TO THE CO	MMUNITY COLLEGE C	AMPUS 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 Kaumuali'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 * Kāne'ohe, HI 96744	wccfao@hawaii.edu	(808) 235-7449