INCOME VERIFICATION WORKSHEET
2014-2015

Return completed form to: Financial Aid and Scholarships Office
Box 2328, Huntsville TX 77341-2328
Fax: 936.294.3668

Student Name (blue/black ink only) _________________________ SAM ID _________________________
Phone _________________________ Cell or Local Phone _________________________

- Failure to submit required documentation will result in student not being awarded financial aid
- Incomplete verification packets will NOT be accepted. This includes, but is not limited to: forms, tax returns transcripts and/or any other requested documents for verification purposes or special circumstance. No exceptions.

Household Member and Number in College Information

NOTE: If you were required to submit your parents’ information on the FAFSA, you are considered a dependent student.

DEPENDENT: List the people in your parents’ household to include:
- Yourself and your parent(s) you live with (including step-parent), and
- Your parents’ other children [even if they don’t live with your parent(s)], if (a) your parents provide more than half of their support* from July 1, 2014 through June 30, 2015, or (b) the children would be required to provide parental information when applying for Federal Student Aid.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support* and will continue to provide more than half of their support from July 1, 2014 through June 30, 2015.

INDEPENDENT: List the people in your household to include:
- Yourself and your spouse (if you have one), and
- Your other children (even if they don’t live with you) if you provide more than half of their support* from July 1, 2014 through June 30, 2015, 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, 2014 through June 30, 2015.

* When determining whether you/your parent provided more than half of “their” support, please be sure to consider all sources of support/income before deciding they receive more than half of their support from you/your parent.

If you have more family members to include, please attach a separate sheet with the above information. Please include your name and SAMID.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Age</th>
<th>Relationship to you</th>
<th>If this person (excluding parents) will attend college half-time or more in 2014-2015, print the name of the college</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self</td>
<td>SHSU</td>
</tr>
</tbody>
</table>

Note: We may require additional documentation if we have reason to believe that the information regarding the household Members enrolled in eligible postsecondary educational institutions is inaccurate or other members in the household.

WARNING: If you purposely give false or misleading information you may be fined, be sentence to jail, or both. Each person signing below certifies that all of the information is complete and correct.

Student’s Signature _________________________ Date ____________ Parent’s Signature _________________________ Date ____________

RRAAREQ Code: IVW15 Revised 01/30/2014