

A. Independent Student's Information

Name:	SSN #:
Address:	
Date of Birth:	Phone Number:

B. Independent Student's Family Information

List below the people in your household. Include:

- Yourself
- Your Spouse, if you are married.
- Your children, if any, if you will provided more than half their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

Full Name	Age	Relationship	College	Will be enrolled at least halftime?
<i>John Smith (example)</i>	28	<i>Spouse</i>	<i>Central University</i>	<i>Yes</i>
		Self		

C. Independent Student's Other Information to be Verified

- Complete this section if someone in the student's household (Listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years. If asked by school, I will provide documentation of the receipt of SNAP for 2014 and/or 2015.
- Complete this if you or your spouse, if married, paid child support.

 Either I, or if married my spouse who is listed in section B of this worksheet, paid child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by my school, I will provide documentation of the payment of child support. *If more space is needed, attach a separate page with your name and Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
Marty Jones (Example)	Chris Smith	Terry Jones	\$6,000.00

D. Independent Student's Income Information to Be Verified

1. **TAX RETURN FILERS ONLY** – If you (or your spouse, if married) filed, or will file, an amended 2015 IRS tax return, you must contact your financial aid administrator before completing this section. **Check the box that applies:**

- I, the student, **HAVE USED** the IRS Data Retrieval Tool in FAFSA to transfer my (and, if married, my spouse's) 2015 IRS income information into my FAFSA, either
- I, the student, am **UNABLE OR CHOOSE NOT TO** use the IRS Data Retrieval Tool in FAFSA, and I will submit to the school a **2015 IRS Tax Return Transcript** – Not photocopies of the income tax return.

-OR-

2. **TAX RETURN NONFILERS** – Complete this section if you, the student (and, if married, your spouse), will not file and **are not required** to file a 2015 income tax return with the IRS.

Check the box that applies:

- The student was not employed and had no income earned from work in 2015.
- The student was employed in 2015 and has listed below the names of all the student's employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to the student by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

COMPLETE THIS SECTION IF YOU WILL NOT FILE OR ARE NOT REQUIRED TO FILE

Employer's Name	2015 Amount Earned	IRS W-2 Attached?

E. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

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

Student's Signature

Date

If you do not have copies of your Tax Transcripts or W-2 then please call 1-800-829-1040 or go to www.IRS.gov to request a copy.

**Return to: Mid-America Christian University
Student Financial Services
3500 SW 119th Street, Oklahoma City, Oklahoma 73170
Fax: (405) 692-3279
Email: financialaid@macu.edu**