



**Hinds Community College  
Office of Financial Aid  
2021-2022  
Independent Verification**

|                                |
|--------------------------------|
| <b>Office Use Only:</b>        |
| Name: _____                    |
| ID: _____                      |
| Received by: _____<br>FA21CIVF |

Your 2021-2022 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The verification process requires Hinds Community College to compare your FAFSA information with the information on all institutional required documents. You must complete and sign this institutional verification document, attach any required documents, and submit all required documents to us. Additional information may be required to resolve conflicting data. **Please add your Hinds ID number to all attached documents.**

**A. STUDENT INFORMATION**

|           |            |       |                             |              |
|-----------|------------|-------|-----------------------------|--------------|
| _____     | _____      | _____ | _____                       | _____        |
| Last Name | First Name | M.I.  | ID Number <b>(REQUIRED)</b> | Phone number |

**B. FAMILY INFORMATION**

**PLEASE READ CAREFULLY BEFORE COMPLETING:**

List the people in your household. Including:

1. Yourself (and your spouse if married), and
2. Your (and your spouse if married) children, even if they don't live with you, if you will provide more than half of their support from July 1, 2021, through June 30, 2022.
3. 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, 2021, through June 30, 2022.
4. **Proof of enrollment (other than student) is required for any household member, 24 and older, listed as attending college.**

Write the names of ALL household members in the space(s) below. Also, write in 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 an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022.

| Name | Age | Relationship | College         |
|------|-----|--------------|-----------------|
|      |     | <i>SELF</i>  | <i>HINDS CC</i> |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |
|      |     |              |                 |

ID Number: \_\_\_\_\_

**C. STUDENT AND/OR SPOUSE'S 2019 TAX INFORMATION (Complete section 1 or 2)**

**1. Tax Return Filers – Complete this section if the student and/or spouse filed a 2019 IRS Tax Return. (Check the box that applies)**

- IRS DRT was used on the FAFSA     
 2019 IRS Tax Return Transcript is attached     
 2019 IRS Tax Return Transcript will be provided later

**OR**

**2. Non Tax Return Filers – Complete this section if student and/or spouse will not file and is NOT REQUIRED to file a 2019 IRS Tax return. (Check the box that applies)**

- Student and/or spouse did not work and had no income earned from work in 2019.
  
 Student and/or spouse was employed in 2019, but was not required to file a tax return. List the names of all employers and the amount earned from each employer. **Provide a Wage & Income Transcript from *www.IRS.gov*.**

| Employer's Name | 2019 Amount Earned |
|-----------------|--------------------|
|                 |                    |
|                 |                    |
|                 |                    |
|                 |                    |

- Student and/or spouse did not work and had no income earned from work in 2019.
  
      \_\_\_\_\_ **Attached is confirmation of non-filing status.**
  
      \_\_\_\_\_ **Non-filing confirmation will be provided later.**

**D. CERTIFICATION AND SIGNATURE**

By signing this worksheet, I (we) certify that all the information reported is complete and correct.

**Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:  
**EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: [EEOC@hindsc.edu](mailto:EEOC@hindsc.edu).  
**Title IX:** Deandre House, Associate Vice President of Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3353 or Email: [Titleix@hindsc.edu](mailto:Titleix@hindsc.edu).