



Serving Richmond and Scotland Counties

Conflicting Information Resolution Form (Comment Code 399)

Financial Aid Office

1042 West Hamlet Avenue
Post Office Box 1189, Hamlet, NC 28345
(910) 410-1726
Fax (910) 582-7102

Student Name: _____ RichmondCC Student ID # _____

As required by the Department of Education, you completed both your 2016-2017 and 2017-2018 Free Application for Federal Student Aid (FAFSA) using 2015 tax and income information. However, the information you provided on the two FAFSAs does not match. This is considered conflicting information by the Department of Education and must be resolved.

Failure to resolve conflicting information will delay 2017-18 financial aid processing and could result in loss of federal financial aid funds for the 2016-2017 award year, even if funds were already paid.

STUDENT INFORMATION (Required for Dependent and Independent Students):

1. Student/Spouse Tax Return:

Submit student (and spouse, if married) 2015 **signed** Federal Tax Return(s) or IRS Tax Return Transcript(s) (obtainable from www.irs.gov/individuals/get-transcript, by calling 1.800.908.9946, or by filling out an IRS Form 4506-T and submitting it to the IRS).

2. Student/Spouse Income Earned from Work:

Submit, for student (and spouse, if married), copies of all 2015 employer issued W-2 and/or 1099-MISC forms or a 2015 IRS Wage & Income Transcript. Also include IRS Schedule C and/or Schedule K-1 (Form 1065) as applicable.

3. Student/Spouse Additional Financial Information and/or Untaxed Income:

Complete the following table: **Blank items will be considered incomplete. Please use a zero (0), "N/A," or a line (-) if an item does not apply.**

<i>Additional Financial Information</i>	<i>2015 Amount</i>	<i>Untaxed Income</i>	<i>2015 Amount</i>
Child Support Paid	\$	Child Support Received	\$
Taxable earnings from Work-Study, Assistantships or fellowships	\$	Housing, food, and other living allowances paid to military, clergy, and others	\$
Taxable college grant and scholarship Aid reported to the IRS in your AGI	\$	Veterans non-education benefits	\$
Taxable combat pay or special Combat pay reported to the IRS in your AGI	\$	Other untaxed income not reported such as workers' compensation or disability benefits	\$
Cooperative education program earnings	\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere	\$

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information, you may be subject to a fine of up to \$20,000 or imprisonment for up to 5 years, or both.

PARENT INFORMATION (Required for Dependent Students Only):

1. Parent Tax Return Transcript(s):

Submit parent(s) 2015 **signed** Federal Tax Return(s) or IRS Tax Return Transcript(s) (obtainable from www.irs.gov/individuals/get-transcript, by calling 1.800.908.9946, or by filling out an IRS Form 4506-T and submitting it to the IRS).

2. Parent(s) Income Earned from Work:

Submit, for (each) parent, copies of all 2015 employer issued W-2 and/or 1099- ISC forms or a 2015 IRS Wage & Income Transcript. Also include IRS Schedule C and/or Schedule K-1 (Form 1065) as applicable for parent(s).

3. Parent(s) Additional Financial Information and/or Untaxed Income:

Complete the following table: **Blank items will be considered incomplete. Please use a zero (0), "N/A," or a line (-) if an item does not apply.**

Additional Financial Information	2015 Amount	Untaxed Income	2015 Amount
Child Support Paid	\$	Child Support Received	\$
Taxable earnings from Work-Study, Assistantships or fellowships	\$	Housing, food, and other living allowances paid to military, clergy, and others	\$
Taxable college grant and scholarship Aid reported to the IRS in your AGI	\$	Veterans non-education benefits	\$
Taxable combat pay or special Combat pay reported to the IRS in your AGI	\$	Other untaxed income not reported such as workers' compensation or disability benefits	\$
Cooperative education program earnings	\$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere	\$

CERTIFICATIONS AND SIGNATURE(S):

If you are the student, by signing this application you certify that you

- (1) will use federal and /or state student financial aid only to pay the cost of attending an institution of higher education,
- (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- (4) will notify your college if you default on a federal student loan and
- (5) will not receive a Federal Pell Grant for more than one college for the same period of time.

If you are the parent or the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.** If you sign any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), username and password, and/or any other credential, you certify that you are the person identified by the PIN, username and password, and/or any other credential and have not disclosed that PIN, username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

If you are a dependent student (parental information was required on your FAFSA), this form must be signed by you and one parent. If parental information was not required on your FAFSA, only the student signature is required. Each person signing below certifies that the information reported is complete and correct and grants RichmondCC Financial Aid staff permission to make any required corrections to the 2016-2017 and/or the 2017-2018 FAFSA.

Student Signature: _____ **Date:** _____

Parent Signature (if dependent): _____ **Date:** _____