

2013-2014 Verification Worksheet Version 5

Student Financial Services Office ● 1500 College Parkway ● Elko, NV 89801 Phone#: (775) 753-2399 FAX: (775) 753-2390 Website: www.gbcnv.edu/financial Email: financial-aid@gbcnv.edu

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and one parent (if dependent) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the GBC Financial Aid Office. A. Student's Information ____Last Name: _____ SS # or ID #: First Name: Phone#: Address St City Zip B. Family Information - Please check the box that indicates your current status □ **Dependent-** A student is considered dependent if he/she ☐ **Independent-** A student is considered independent if he/she was required to provide parental data on the FAFSA was not required to provide parental data on the FAFSA Please include in the table below: Please include in the table below • You and your parents/stepparents (who provide more than You and your spouse, if married half of your financial support) Your dependent children, if you will provide more than half of their support • Your parent/stepparents' dependent children, if your List all other people as part of your household only if parent/stepparents' will provide more than half of their they now live with you AND you provide more than half support, or if the children would be required to provide of their support **AND** will continue to provide more than parent information applying for financial aid half their support from July,1 2013 through June 30, 2014. • List other people as part of your household only if they now **Provide** the name of the college for any household live with your parents AND they provide more than half of member who will be attending at least half time their support AND will continue to provide more than half between July 1, 2013 through June 30, 2014. their support from July 1, 2013 through June 30, 2014. **Full College Name Full Name** Age Relationship (do not include parent enrollment) **Great Basin College** Self (student) C. Income Information- check ONE Parent(s) – If Dependent Student Student/ (spouse, if married) I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. Skip to ☐ I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. **Skip** section E to section E ☐ I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a *signed* copy of ☐ I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a *signed* the IRS Tax Return Transcript (www.irs.gov). Skip to section E copy of the IRS Tax Return Transcript (www.irs.gov). Skip to section E ☐ I/we certify that I/we did not file, will not, and am/are not required ☐ I/we certify that I/we did not file, will not, and am/are not to file a 2012 U.S. Income Tax Return. GO to Section D required to file a 2012 U.S. Income Tax Return. GO to Section D

D. Income Information for Non-Filers ONLY						
If you are not required to file a 2012 U.S. Income Tax Return, list your employer(s) and any income received in 2012 (attach all w-2						
Forms or other earning statements such as 1099-Miscellaneous). If NO ONE in the household (of those listed in Section B. Family						
Information of this form) earned income by working, FULLY complete and ATTACH the 2013-2014 Low Income Clarification						
	E THIS BLANK, if not appli	cable, enter "N/A"				
Employer Name		_				
Note: in most occasions, earning above \$5,80			Student/Spouse (if		– if dependent 2012	
requires a Tax Return to be filed		married) 20 1	married) 2012 Amount		Amount	
1						
2						
3						
E. Supplemental Nutriti	on Assistance Program	(SNAP) Renefits				
	IO. DO NOT leave anyth					
Did any members o	f your stated househo	old receive food	eceive food		□ No	
stamps, State Suppl	emental Nutrition Ass	istance Program				
(SNAP) in 2012?		J				
TSIVAL FILL ZOIZ:						
Please sign the statement	in the area provided below	by you, or your parent	s if you a	re dependent, affirming b	enefits were received by	
someone in the household	d during 2012.					
•	offices that CNAD have fit	au - wa - a to - a d hoo - a -		Aba barrahald durina 201	•	
l,	, affirm that SNAP benefit	s were received by sor	neone in	the nousehold during 201	Z.	
F. Child Support Paid						
On your 2013-2014 FAFSA, you have stated that someone in your household paid child support due to a COURT MANDATED						
		=	-			
	se complete the following	information. DO NO	T LEAVE	THIS BLANK, if not appl	icable, enter "N/A"	
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I. High School Completion Status- Please check the box (ONLY ONE) that indicates your high school completion status				
□High School Diploma	□GED Completion			
-	Please include:			
Please include:	riedse ilicitute.			
 Copy of the student's high school diploma; OR Copy of the student's final high school transcript which includes the date of the high school completion 	 Copy of the student's GED Certificate; OR Copy of the student's GED Transcript 			
6	☐Two-Year Program Completion			
 State Certificate Copy of the certificate the student received after passing a state-authorized examination which the state 	 Copy of the student's academic transcript showing the student has completed at least a two year program acceptable for full credit towards a bachelor's degree 			
recognizes as the equivalent of a high school diploma	☐ Home Schooled Students			
 □ Did Not Complete High School but Excelled Academically in High School Documentation from the high school that the student excelled academically; AND Documentation from the postsecondary institution that The student met its formal, written policies for admitting 	 A transcript or the equivalent signed by the student's parent or guardian that lists the secondary school courses completed by the student and documents the successful completion of a secondary school education 			
such student.				
J. Proof of Identity/ Statement of Educational Purpose	(For Students Only)			
Please submit a copy of a valid government-issued photo ide license, military identification or passport.	entification, including but not limited to a driver's license, nondriver's			
I,, certify that the federal fina (Print Full Name) pay the cost of attending Great Basin College for 2013-14	ancial aid received will only be used for educational purposes to			
Student Signature:D	ate:			
By signing this worksheet, I certify that all information re of perjury.	eported on this worksheet is complete and correct under penalty Jurat			
of 20, by	Subscribed and sworn/affirmed to before me this date			
No	otary Public			
M	My Commission Expires:			
This form must be submitted in person to the GBC original form by mail.	campus. Out of state students will need to submit the			