



## 2014- 2015 Verification Worksheet Version 3

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

Your 2014-2015 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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SS# or ID #: \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_ Phone #: \_\_\_\_\_

### B. Dependency Status

**Dependent-** A student is considered dependent if he/she was required to provide parental data on the FAFSA
  **Independent-** A student is considered independent if he/she was not required to provide parental data on the FAFSA

### C. Child Support Paid

On your 2014-2015 FAFSA, you have stated that someone in your household paid child support due to **COURT MANDATED** requirement in 2013. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

**Child Support you PAID DUE TO A court-mandated requirement(attach a separate page if needed) in 2013**

Child's Name	Name of person paying child support	Name of person receiving child support	Student/Spouse(if married) Annual Amount	Parent(s)- if dependent Annual Amount

### D. Sign the Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

\_\_\_\_\_  
 Student Signature Date Parent Signature (if dependent) Date