



2014- 2015 Verification Worksheet Version 2

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 2015-16 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

Your SSN# or NSHE ID#:

First Name: _____ Last Name: _____ MI: _____
Address: _____ City _____ St _____ Zip: _____ Phone #: _____

B. Family Information - Please check the box that indicates your current status

Dependent- A student is considered dependent if he/she was required to provide parental data on the FAFSA. (If you check this box, parent must also sign this form)

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

C. Supplemental Nutrition Assistance Program (SNAP) Benefits

Please select YES or NO. DO NOT leave anything blank.

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP) in 2014?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2014.

I, _____, affirm that SNAP benefits were received by someone in the household during 2014.

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