



2015- 2016 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 2015-2016 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. 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

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

Please include in the table below:

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- You and your parents/stepparents (**who provide more than half of your financial support**)
- Your parent/stepparents' dependent children, if your parent/stepparents' will provide more than half of their support, or if the children would be required to provide parent information applying for financial aid
- List other people as part of your household only if they now live with **your parents AND they** provide more than half of their support **AND** will continue to provide more than half their support from July 1, 2015 through June 30, 2016.

- You and your spouse, if married
- Your dependent children, if you will provide more than half of their support
- List all other people as part of your household only if they now live with **you AND you** provide more than half of their support **AND** will continue to provide more than half their support from July 1, 2015 through June 30, 2016.
- **Provide** the name of the college for any household member who will be attending **at least half time** between July 1, 2015 through June 30, 2016.

Full Name	Age	Relationship	Full College Name (do not include parent enrollment)
		Self (student)	Great Basin College

C. Income Information- check ONE

Student/ (spouse, if married)

- I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. **Skip to section E**
- I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a *signed* 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 to file a 2014 U.S. Income Tax Return. **GO to Section D**

Parent(s) – If Dependent Student

- I/we have used the IRS Data Retrieval Tool at www.fafsa.gov. **Skip to section E**
- I/we **DID NOT** use the IRS Data Retrieval Tool. Attach a *signed* 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 to file a 2014 U.S. Income Tax Return. **GO to Section D**

D. Income Information for Non-Filers ONLY

If you are not required to file a 2014 U.S. Income Tax Return, list your employer(s) and any income received in 2014 (**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 2015-2016 Low Income Clarification Worksheet. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Employer Name <i>Note: in most occasions, earning above \$5,800 requires a Tax Return to be filed</i>	Student/Spouse (if married) 2014 Amount	Parent(s) – if dependent 2014 Amount
1		
2		
3		

E. 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
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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.

F. Child Support Paid

On your 2015-2016 FAFSA, you have stated that someone in your household paid child support due to a COURT MANDATED requirement in 2014. 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 2014				
Child's Name	Name of person paying support	Name of person receiving child support	Student/Spouse(if married) Annual Amount	Parent(s)- if dependent Annual Amount
			/year	/year
			/year	/year
			/year	/year
			/year	/year

G. Untaxed Income

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

Sources of Untaxed Income	Student/ Spouse (if married) 2014 Amount	Parent(s)- if dependent 2014 Amount
Are the IRA Distributions from your IRS for 1040 or 1040A a rollover amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are the Pension Distributions from your IRS form 1040 or 1040A a rollover amount?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

H. Grants/Scholarships

If you received grants/scholarships for the year 2015-16 for which you reported on your 2014 federal tax returns, please list the amount here: \$ _____

I. High School Completion Status- Please check the box (ONLY ONE) that indicates your high school completion status

High School Diploma

Please include:

- 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

State Certificate

- Copy of the certificate the student received after passing a state-authorized examination which the state recognizes as the equivalent of a high school diploma

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 such student.

GED Completion

Please include:

- Copy of the student's GED Certificate; OR
- Copy of the student's GED Transcript

Two-Year Program Completion

- 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

Home Schooled Students

- 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

J. Proof of Identity/ Statement of Educational Purpose (For Students Only)

Please submit a copy of valid government-issued photo identification, including but not limited to a driver's license, nondriver's license, military identification or passport.

I, _____, certify that the federal financial aid received will only be used for educational purposes to pay the cost of attending Great Basin College for 2015-16.
(Print Full Name)

Student Signature: _____ **Date:** _____

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

Jurat

State of _____ **County of** _____ **Subscribed and sworn/affirmed to before me this date**
of _____ **20** _____, **by** _____

Notary Public _____

My Commission Expires: _____

This form must be submitted in person to the GBC campus. Out of state students will need to submit the original form by mail.

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 Date