



2016- 2017 Verification Worksheet Version 6

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 **2016-2017** 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**

**** Please include in the table below**

- 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, 2016** through **June 30, 2017**.

- 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, 2016** through **June 30, 2017**.
- **Provide** the name of the college for any household member who will be attending **at least half time** between **July 1, 2016** through **June 30, 2017**.

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 **2015 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 **2015 U.S.** Income Tax Return. **GO to Section D**

D. Income Information for Non-Filers ONLY

If you are not required to file a **2015** U.S. Income Tax Return, list your employer(s) and any income received in **2015 (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 **2016-2017** Income and Expense 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) 2015 Amount	Parent(s) – if dependent 2015 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 **2015**?

Yes **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 2015.

I, _____, affirm that SNAP benefits were received by someone in the household during 2015.

F. Child Support Paid OUT

On your **2016-2017** FAFSA, you have stated that someone in your household paid child support due to a **COURT MANDATED** requirement in **2015**. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Child Support you **PAID OUT** due to a **COURT-MANDATED** requirement (*attach a separate page if needed*) in **2015**

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) 2015 Amount	Parent(s)- if dependent 2015 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 on your **2015 federal tax returns** as part of your earned **INCOME (AGI)**, please list the amount here: \$ _____

I. Low Income Clarification

The **2015** income you reported on your **2016-2017** Free Application for Federal Student Aid (FAFSA) appears insufficient to support the number of people in your household. Please **FULLY complete** this form explaining how you were able to provide housing, food utilities, clothing, etc. for your household in **2015**. If parental information was required on the FAFSA, include the total income and resources from the **parent/stepparents** from this household, in the right column.

Note: The table below will ask you to compare your income to your expenses. Please include all income even if you did not receive a W2 for it. **Everyone has expenses; you are not allowed to indicate all zeros under the expense column.** At minimum, you should have food and clothing expenses. In addition, include any bills/utilities that are in your name or that you are responsible for paying. When compared side by side, your income amounts should justify how your expenses are being covered.

Student/Spouse (if married) 2015 Annual Amount	<i>Sources and amounts of income in 2015</i>	Parent(s) if dependent 2015 Annual Amount
\$	Earnings from Work (Must Attach W-2)	\$
\$ mo. X 12=	Social Security/Social Security Disability (SSI)	\$ mo. X 12=
\$ mo. X 12=	Veteran Benefits (exclude Non-educational benefits)	\$ mo. X 12=
\$ mo. X 12=	Public Assistance: Cash Benefits (TANF)	\$ mo. X 12=
\$ mo. X 12=	Food Stamps Amount /Medicaid	\$ mo. X 12=
\$ mo. X 12=	Child Support Received	\$ mo. X 12=
\$	Workman's Comp/Unemployment	\$
\$	Retirement/Pension Income/Investment Income	\$
\$	Other Income/Savings/Alimony received	\$
\$	Financial Aid: Pell Grant, Student Loans, Scholarship etc.	\$
\$	Support from Relative/Friend/Etc.	\$
Total= \$	TOTAL INCOME	Total= \$
Expenses	Expenses for 2015	Expenses
\$ mo. X 12=	Rent or Mortgage / Subsidized Housing	\$ mo. X12=
\$	Utilities, Internet, Cell/ Landline Phones	\$
\$	Food and Household products	\$
\$	Car Payment/Registration Fee/Maintenance/Insurance	\$
\$	Clothing	\$
\$ mo. X 12=	Child Support Paid Out	\$ mo. X 12 =
\$	Child Care	\$
\$	Credit Card Payment/Loan payments	\$
\$	Miscellaneous/Personal Expenses	\$
\$	Other/Recreational	\$
Total= \$	TOTAL EXPENSES	Total= \$
\$	TOTAL INCOME LESS TOTAL EXPENSES (income – expenses)	\$

Complete next page of the form and provide a detailed explanation of your living situation.



Detailed Explanation of Living Situation

(Failure to explain your living situation in detail will result in this form being returned, delays in processing, and the possible loss of financial aid)

If a deficit exists between the Total Income in 2015 and the Total Expenses in 2015, please explain **in detail** how you or parent's met your basic living expenses. **Example:** low income housing (HUD, Rural Housing, Section 8), financial aid, student or private loans, help from family or credit cards. If credit cards, explain how you or parent's met the minimum payments due each month.

- **In the calendar year 2015, you lived with** (select one) Parents Off/On campus Other: _____
- **In the 2016-17 academic year, you will live with:** Parents Off/On campus Other: _____

Student: Explain where you are currently living at or whom you are currently living with?(Give Dates):

Parent (If Dependent): Explain where you are currently living at or whom you are currently living with?(Give Dates)

Student/ Parent: Explain who paid your living expenses for you and your child(ren) if you had no income for 2015?

Explain any other extenuating living circumstances that have changed? (divorce, separation, incarceration etc.) Provide a copy of court or supporting documentation for divorce decree, separation agreement, or incarceration.

Give Date(s): _____

Certification

You will be held accountable for the terms & conditions as a federal financial recipient.

By signing this form, I hereby certify that the information provided is true and correct to the best of my knowledge. If I purposely give false statements or misrepresentation will cause for denial, reduction of aid, withdrawal, and/or repayment of federal financial aid. I may also be subject to **\$10,000 fine, prison sentence, or both.**

STUDENT SIGNATURE: _____ **DATE:** _____

PARENT SIGNATURE: _____ **DATE:** _____

Individuals who willfully submit fraudulent information and/or documentation to obtain federal funds will be investigated to the fullest extent possible. Cases of fraud will be reported to the Office of the Inspector General in Washington D.C.

***Dependent student:** Please download an **Authorization to Release Information** form to speak with parent(s). Clarification of income/expense may be required to speak with parent(s).

For Office Use Only

Reviewed by: _____