



2018-2019 Verification Worksheet Version 1

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 **2018-19** 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:** _____ **GBC 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, 2018** through **June 30, 2019**.

- 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 2018** through **June 30, 2019**.
- **Provide** the name of the college for any household member who will be attending **at least half time** between **July 1, 2018** through **June 30, 2019**.

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 **2016** 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 **2016** U.S. Income Tax Return. **GO to Section D**

D. Income Information for Non-Filers ONLY

If you are not required to file a **2016 U.S. Income Tax Return**, list your employer(s) and any income received in **2016** (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 **2018-2019** 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) 2016 Amount	Parent(s) – if dependent 2016 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 **2016**?

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 2016.

I, _____, affirm that SNAP benefits were received by someone in the household during 2016.

F. Child Support Paid OUT

On your **2018-2019** FAFSA, you have stated that someone in your household paid child support due to a **COURT MANDATED** requirement in **2016**. 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 **2016**

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) 2016 Amount	Parent(s)- if dependent 2016 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 reported grants/scholarships on your **2016** federal tax returns as part of your earned INCOME (AGI), please list the amount here \$ _____

I. Sign this 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