



2018-2019 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 **2018-2019** 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** Low Income and Expense Budget 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?	<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 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, if 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 OUT 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 received grants/scholarships on your **2016 federal tax returns** as part of your earned **INCOME(AGI)**, 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 submit a:*

- 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 submit a:*

- 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, or military identification or passport.

I, (print name) _____, certify that the federal financial aid received will only be used for educational purposes to pay the cost of attending Great Basin College for 2018-19.

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: _____

Please note: This form cannot be Faxed or E-mailed.

- This original form must be submitted in person to the GBC Elko Campus or to the respective GBC Off-Campus Centers. The Centers will mail this form to the GBC Elko Financial Aid Campus.
- Out of state students will need to submit the original form by mail.
- Please submit a copy of valid government-issued photo identification, including but not limited to a driver's license, or military identification or a valid passport.

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.

I hereby certify that the information provided is true and correct to the best of my knowledge. If I purposely give false or misleading information to establish eligibility for Federal Financial Aid, I may be **subject to \$10,000 fine, prison sentence, or both.**

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