



# 2015- 2016 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](http://www.gbcnv.edu/financial) Email: [financial-aid@gbcnv.edu](mailto: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](http://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](http://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](http://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](http://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 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) 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?

**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 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 <b>rollover</b> amount?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Are the Pension Distributions from your IRS form 1040 or 1040A a <b>rollover</b> amount?	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**H. Grants/Scholarships**

If you received grants/scholarships for the year 2014-2015 for which you reported on your 2014 federal tax returns, 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

