



2015- 2016 Verification Worksheet Version 6

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 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 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 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. Low Income Clarification

The 2014 income you reported on your 2015-2016 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 **2014**. 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) 2014 Annual Amount	Sources and amounts of income in 2014	Parent(s) if dependent 2014 Annual Amount
\$	Earnings from Work (Must Attach W-2)	\$
\$	Social Security/Social Security Disability (SSI)	\$
\$	Veteran Benefits (exclude Non-educational benefits)	\$
\$	Welfare Benefits: TANF/Energy Assistance/SNAP	\$
\$	Child Support Received	\$
\$	Workman's Comp/Unemployment	\$
\$	Disability benefits	\$
\$	Retirement/Pension Income	\$
\$	Investment Income	\$
\$	Other Income/Savings/Alimony received	\$
\$	Financial Aid (include loans)	\$
\$	Support from Relative/Friend/Etc.	\$
Total= \$	TOTAL INCOME	Total= \$
Expenses	Expenses:	Expenses
\$	Rent or Mortgage	\$
\$	Utilities and Phones	\$
\$	Food and household products	\$
\$	Car Payment/Registration Fee/Maintenance	\$
\$	Clothing	\$
\$	Child Support Paid Out	\$
\$	Child Care	\$
\$	Credit Card Payment/Loan payments	\$
\$	Miscellaneous/Personal Expenses	\$
\$	Other	\$
Total= \$	TOTAL EXPENSES	Total= \$
\$	TOTAL INCOME LESS TOTAL EXPENSES (income - expenses)	\$

Provide a detailed explanation of your living situation on the following page.



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 2014 and the Total Expenses in 2014, 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 2014, you lived with (select one) _____ Parents/Relatives _____ Off-campus
- In the 2015-16 academic year, you will live with: _____ Parents/Relatives _____ Off-campus

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

Explain who paid your living expenses for you and your child(ren) if you had no income for 2014?

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.*

Certification:

I / We hereby certify all information reported on this form and any attachments hereto is true, complete, and accurate.

If I provide false statements or misrepresentation will be cause for denial, reduction of aid, withdrawal, and/or repayment of federal financial aid funds.

Also, I may be subject to a 10,000 fine, prison sentence, or both if I purposely give false or misleading information to help establish eligibility for federal financial aid.

Student Signature: _____ Date: _____

Parent Signature (required for dependent student) _____ Date: _____

For Office Use Only

Reviewed by: _____