



2026-2027 Verification Worksheet Version 1

Student Financial Services Office • 1500 College Parkway • Elko, NV 89801 Phone#: (775) 327-2095 FAX: (775) 327-5105
Website: www.gbcnv.edu/financial Email: financial-aid@gbcnv.edu

Your **2026-2027** 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
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, 2026, through June 30, 2027.**
- **Provide** the name of the college for any household member who will be attending **at least half time** between **July 1, 2026, through June 30, 2027.**

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

- 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, 2026 through June 30, 2027.**
- **Provide** the name of the college for any household member who will be attending **at least half time** between **July 1, 2026, through June 30, 2027.**

Full Name	Age	Relationship	Full College Name (do not include parent enrollment)
		Self (student)	Great Basin College

C. Income Information- Check ONE 2024 Federal Tax Year

Student/ (spouse, if married)

- I/we have used the IRS Direct Data Exchange to transfer **2024** IRS Income Tax Return into the FAFSA. **Skip to section E**
- I/we **DID NOT** use the IRS Direct Data Exchange. **Attach a copy** of the **2024 IRS Tax Return Transcript** (www.irs.gov)
- I/we will provide the school with a **signed** copy of **2024 | 1040** Federal Tax Return along with all the **Schedules 1,2, and 3.**
- I/we certify that I/we did not file, will not, and am/are not required to file a **2024 U.S. Income Tax Return. GO to Section D**

Parent(s) – If Dependent Student

- I/we have used the IRS Direct Data Exchange to transfer **2024** IRS Income Tax Return into the FAFSA. **Skip to section E**
- I/we **DID NOT** use the IRS Direct Data Exchange. **Attach a copy** of the **2024 IRS Tax Return Transcript** (www.irs.gov).
- I/we will provide the school with a **signed** copy of **2024 | 1040** Federal Tax Return along with all the **Schedules 1, 2, and 3. Skip to section E**
- I/we certify that I/we did not file, will not, and am/are not required to file a **2024 U.S. Income Tax Return. GO to Section D**

