2026-2027 Verification Worksheet Version 5

Student Financial Services Office ● 1500 College Parkway ● Elko, NV 89801 ● Website: www.gbcnv.edu/financial
Recommended Email: https://secureshare.gbcnv.edu/filedrop/financialaid Regular email: financial-aid@gbcnv.edu Phone: (775)327-2095

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 a copy of the school with a signed copy of **2024|1040 Federal Tax Return along 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 a copy of the school with a signed copy of **2024|1040 Federal Tax Return along 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**

D. Income Information for Non-Filers ONLY

If you are not required to file a **2024 U.S. Income Tax Return**, list your employer(s) below and any income received in **2024**: **ATTACH W-2(s)**

- **Student/Spouse submit 2024 W-2(s) or other earning statements such as 1099-Miscellaneous**
- **Parent/Spouse (if dependent) submit 2024 W-2(s) or other earnings 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.
- Submit the **2026-2027** Income and Expense Worksheet

DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"

Employer Name *Note: in most occasions, earning above $5,800 requires a Tax Return to be filed*	**Student/Spouse** *(if married)* **2024 Amount**	**Parent(s)** – *if dependent* **2024 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 **2024**?	□ **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 2024.

I, _____, affirm that SNAP benefits were received by someone in the household during 2024.

F. Untaxed Income

*Please select **YES** or **NO.** **DO NOT leave anything blank.**

Sources of Untaxed Income	**Student/ Spouse** *(if married)* **2024 Amount**	**Parent(s)-** *if dependent* **2024 Amount**
Are the IRA Distributions from your IRS for 1040 or 1040A a ***rollover*** amount?	☐**Yes** ☐**No**	☐**Yes** ☐**No**
Are the Pension Distributions from your IRS form 1040 or 1040A a ***rollover*** amount?	☐**Yes** ☐**No**	☐**Yes** ☐**No**

G. Proof of Identity

Acceptable valid (***unexpired***) government issued ID: ***Driver's License, State issued picture ID, or U.S. passport.***

Check only one box:

☐ **Proof of Identity- Appear in-person- A copy of front/back of valid ID must accompany this form.**

☐ **Video Call- call or email GBC Financial Aid Office to set up an appointment for a Zoom meeting.**

☐ **Proof of Identity- Unable to Appear in-person. Must be notarized by a Notary Public. Completed form must be mailed to the GBC financial aid office. (NO EXCEPTIONS). A copy of front/back of valid ID must accompany this form.**

You will need to verify **your identity** by appearing in person at one of the Great Basin College Campuses: ***Elko, Ely, Pahrump, or Winnemucca.***
Must present an acceptable valid (***unexpired***) government issued ID: ***Driver's License, state issued picture ID, or U.S passport.***

GBC Campus (**select one**): □ **Elko** □ **Ely** □ **Pahrump** □ **Winnemucca** □ **Video Call** □ **Lovelock Correctional Center (LLCC)**

Type of ID presented: _____**Expiration Date**: _____ **Copy of ID (front/back) collected:** _____**Yes** _____**No**

GBC Official or Correctional Facility verifying identity: _____**Title**_____
Print Name

Signature of receiving Official: _____**Date:** _____

NOTARY CERTIFICATE OF ACKNOWLEDGEMENT

Witness my hand and official seal

State of _____City/County of_____

On_____,before me, _____
(Date) (Notary's Name)
personally appeared, _____and proved to me
(Printed Name of Signer)
because of satisfactory evidence of identification _____
Typed of unexpired government-issued ID

to be the above-named person who signed the foregoing instrument.

Notary's Signature _____My Commission Expires: _____

Notary's Address: _____ City_____ST_____ZIP_____

High School Completion Status: Please check the box(Only one) that indicates your high school completion status

☐High School Diploma ***Please submit:***

- ***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***

☐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

☐GED Completion ***Please submit:***

- ***Copy of the student's GED Certificate,***
- ***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

I. Certification and Signature

I hereby certify that 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.

Student Signature_____Date_____

Dependent Student:

The one parent whose information was reported on the FAFSA must sign and date.

Parent Signature Required_____Date_____

Individuals who willfully submit fraudulent information and/or documentation to obtain federal funds will be investigated to fullest extent possible. Cases of fraud will be reported to the Office of Inspector General in Washinton D.C.

J. Final Step: MAIL THIS FORM- No Exceptions!

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 Office.**
- **Out of state students must 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 State Issue picture ID, or a valid passport to accompany this form.**

If applicable:

- **Please submit a copy of 2024 | 1040 signed Federal Tax Return and/or;**
- **A copy of the 2024 IRS Federal Tax Return Tax Transcript (Not an ACCOUNT transcript). Go to www.irs.gov to download a transcript.**

Incomplete form and not submitting required documentation (above) can delay the process of the verification process and a delay in determining your federal aid.