



# 2017-2018 Verification Worksheet

## For Dependent Student

### A. Student Information

Last name	First name	M.I.	J _____ Student ID#
			Phone #

It has been determined that you are a dependent student and must provide parent information in addition to your own.

**IMPORTANT: Please do not leave blanks on this form. Doing so will require us to return it to you for completion which will cause delays in the processing of your Financial Aid.**

#### Household Information – Include:

**Yourself** – (even if you do not currently live with your parents)

**Your Parents** – and their household members, who they provide more than half of their support for.

Full Name	Age	Relationship to you	College Name / State (If attending)
		<i>Self</i>	<i>Jefferson Community College / NY</i>

#### Student (Please check)

- I filed a 2015 Income tax return. If you did not use the Data Retrieval tool on your FAFSA, please submit a 2015 IRS Tax Return Transcript.
- I had income from work in 2015 but did not and was not required to file a 2015 income tax return. Please submit an IRS Verification of Non-Filing Status Letter and copies of all 2015 W2's.
- I did not have any income from work in 2015. Please submit an IRS Verification of Non-Filing Status Letter

#### Parent(s) (Please check)

- I (we) filed a 2015 Income tax return. If you did not use the Data Retrieval tool on the FAFSA, please submit a 2015 IRS Tax Return Transcript.
- I (we) had income from work in 2015 but did not and were not required to file a 2015 income tax return. Please submit an IRS Verification of Non-Filing Status Letter and copies of all 2015 W2's.
- I (we) did not have any income from work in 2015. Please submit an IRS Verification of Non-Filing Status Letter and list the type and amount of any untaxed income and/or benefits received on the back of this form.

### B. Verification of Asset Information

(Please list the current amount for each line, even if it is zero)

	<u>Student</u>	<u>Student's Parent(s) (if applicable)</u>
Cash, Savings, and Checking.....	\$ _____	\$ _____
Net worth of investments *.....	\$ _____	\$ _____
Net worth of businesses and/or.....	\$ _____	\$ _____

investment farms (do not include a farm you live on and operate)

If you (and/or your parent(s)), own a business, do you (they) have more than 100 full-time (or full-time equivalent) employees?     Yes     No

\* **Investments include** real estate (do not include the home you live in), rental property, trust funds, money market funds, mutual funds, CD's , stocks, stock options, bonds, other securities, college savings plans, commodities, etc. **Investments do not include** the home you live in, retirement plans (401k plans, pension funds and annuities, non-education IRA's, Keog plans, etc.) or the value of life insurance.    **Net worth** means current value minus debt.

**IMPORTANT: Please do not leave blanks on this form. Doing so will require us to return it to you for completion which will cause delays in the processing of your Financial Aid.**

**C. Additional Financial Information (All information pertains to 2015 only)**

If a question does not apply to you or your parent(s), please enter -0-

**Student**

**Student's Parent(s)**

Did any household member listed in section A. Receive food stamp (SNAP) benefits during 2014 or 2015?

\_\_\_\_\_ Yes \_\_\_\_\_ No

\$ \_\_\_\_\_  
Monthly

**Child support paid to someone else during 2015:** If you or your parent(s) paid child support to someone because of divorce or separation, or as a result of a legal requirement. Please list names and ages of all children for whom support is being paid and the name who it is paid to.

\$ \_\_\_\_\_  
Monthly

**Child(rens) names(s):** \_\_\_\_\_ **Age(s):** \_\_\_\_\_

**Child support listed above was paid to:** \_\_\_\_\_

\$ \_\_\_\_\_ 2015 Taxable earnings from Federal Work-Study or other need-based work programs. \$ \_\_\_\_\_

**D. Untaxed Income Received in 2015**

**Student**

**Student's Parent(s)**

\$ \_\_\_\_\_ Payments to tax-deferred pension and saving plans **reported on the W-2** form in Boxes 12a through 12d, with a code of D, E, F, G, H or S. **(do not include DD)** \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Monthly Child support received (paid to you or parent(s) during 2015)** for **all** children. Do not include foster care or adoption payments. \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Monthly Veterans' non-education** benefits such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Monthly** Amount of any **other untaxed income or benefits** not reported on your income tax return such as Worker's Compensation, untaxed portions of pensions, disability, public assistance, Social Security, SSI, etc. **Please list the source and amount of your untaxed income on the lines below.**

\$ \_\_\_\_\_ **Example:** (public assistance -\$350 month) \_\_\_\_\_ \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Yearly** amount of money earned from employment that **was not** reported on a tax return \$ \_\_\_\_\_

\$ \_\_\_\_\_ **Yearly** amount of money received or paid on the student's behalf

Please indicate if you or your parent(s) were active duty military or a member of the clergy during 2015

Student: Yes \_\_\_ No \_\_\_ Parent(s): Yes \_\_\_ No \_\_\_ (please circle one): Enlisted Officer Clergy

\$ \_\_\_\_\_ **Yearly** BAS if military or Housing, food and other living allowances if clergy \$ \_\_\_\_\_

**E. Sign this Worksheet (Both Student and Parent must sign)**

Each person signing below certifies that all of the information reported is complete and accurate.

**Warning:** If you give false or misleading information on this worksheet, you may be fined; be sentenced to jail, or both.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Parent's Signature (if applicable) Date

Please return this form to:  
Jefferson Community College Enrollment Services Center