

2009-2010 Verification Worksheet

Federal Student Aid Programs

Beginning 2009-2010 we will verify students that the Department of Education has selected for verification. If you are selected for verification we will need a current year Verification worksheet and the preceding year annual income tax forms including W-2s/1099's for the student and spouse if married, if the student is dependent a tax return and W-2's/1099's are required from the parent the

student lived with in the preceding year. The verification form may be obtain from the Office of Financial Aid or downloaded from GCC's website under Forms at www.grayson.edu, Fin. Aid Opportunities

Student Information

Last Name	First Name	M.I.	Social Security Number
Address (include apt. #)			Date of birth
City	State	Zip Code	Phone Number (include area code)

Email Address (Current information will help expedite the process.)

Family Information

- Independent Students:** List the people in your household; include (a) yourself, your spouse if married; (b) your children, if you provide more than half of their support from July 1, 2009 through June 30, 2010; and (c) any other people if they now live with you, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.
- Dependent Students:** List the people in your parent's household; include (a) yourself, your parent(s) you live with (include stepparent); (b) your parents' other children, even if they don't live with your parent(s), if (1) your parents provide more than half of their support from July 1, 2009 through June 30, 2010, or (2) if they would be required to give parental information when applying for Federal student aid; and (c) any other people if they now live with your parents, and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members. Also write in the name of the college for any family member excluding your parent(s), who will be attending college at least half time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Please print clearly, if the document is not completed clearly it will not be processed

Full Name	Age	Relationship	College
<i>Example: Martha Jones</i>	24	Wife	<i>Name of College Attending</i>
		Self	Grayson County College

Tax Forms and Income Information

If you did not keep a copy of your tax return and W-2's, and can not obtain a copy from your tax-preparer, you must request a tax transcript and W-2's from the Internal Revenue Service by calling 1-800-829-1040 or go online at www.irs.gov and print form 4506-T. It takes approximately 10-15 days.

- All tax filers must submit a signed copy of all 2008 Federal Income Tax returns and W-2's (includes the 2087 IRS Form 1040, 1040A, 1040EZ, Telefile Tax Record, a tax return from Puerto Rico or a foreign income tax return) for those people checked below:
- You
 Your spouse
 Your father
 Your mother

By signing this application, I (we) certify that all the information reported on this worksheet is complete and accurate. I have been provided a copy of the Satisfactory Academic Progress Policy for the Office of Financial Aid of Grayson County College. I also acknowledge, corrections to my information, if required, will be made electronically by the Office of Financial Aid. If dependent, at least one parent must sign.

Warning: If I/we purposely give false or misleading information on this worksheet, I may be fined \$20,000.00, be sent to prison, or both.

Student's Signature	Date	Parent's Signature (Dependent Students Only)	Date
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Please note: ALL students and/or parents must complete sections A & B on page 2 - backside of this form. If it does not pertain to you please draw a line thru or place a "0" so we know you read thru this form in its entirety.

• **(A) State or Federal Assistance Value Received in 2008**

Food Stamps received: \$ _____ Monthly Value _____ # months OR \$ _____ Annual Value

6/24/09

HUD/Subsidized Housing: \$ _____ Monthly Value _____ # months OR \$ _____ Annual Value
 Utilities(subsidized): \$ _____ Monthly Value _____ # months OR \$ _____ Annual Value
 Federal/State Grants 2008-2009: \$ _____ Annual Amount
 Federal School Loans 2008-2009: \$ _____ Annual Amount

• **(B) Values stated below will be reported on FAFSA**

Welfare including TANF: \$ _____ Monthly Value _____ # months OR \$ _____ Annual Value
 Earnings from employment – (attach W-2's/1099's or statement of earnings from employer) \$ _____ Annual Value
 Income Rec'd. In 2008 Workman's Compensation Unemployment - Other / (attach documentation) \$ _____ Annual Value
 Child Support: (attach documentation) \$ _____ Annual Value
 Cash Received from family and/or friends or others \$ _____ Annual Value
 Other Sources of cash income received _____ \$ _____ Annual Value
 Total Annual Amount B: \$ _____

----- **Non-tax filers must complete section below** -----

- Check the box for those people who did not and are not required to file a 2008 Federal Income Tax Return. List below your employer(s) and any income received in 2008 (Provide W-2 forms or other earning statements).

You Your spouse Your father Your mother

Name of Employer	Student Amount	Spouse or Parent(s) Amount
(student)	\$ _____	
(Parent / Spouse)		\$ _____
(Parent)		\$ _____

If you were incarcerated please attach release document

- **Section (C):** If you did not work, did not live in your own home, and you did not receive any type of food or cash supplement as stated in (A) above, provide an explanation as to how you lived in annual year 2008 and provide a cash value for the support you received and from whom you received it: Values stated below will be reported on FAFSA:

Where did you live in 2008: _____ With a parent _____ Friend _____ With a family member _____ other: _____
 Monthly Value Paid By Relationship to this Person
 Housing/Utilities _____
 Personal/groceries/Medical _____
 Transportation costs and insurance _____
 Total Annual Amount C: \$ _____

Summary: _____
 Total Annual Amount: B + C \$ _____

This worksheet must be signed and returned to the Office of Financial Aid to complete your file

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