



2016-2017 Verification Worksheet

(For Dependent/Independent Student)

FOR GCC OFFICE USE ONLY	DATE COMPLETED/ INITIAL
EFC	_____
Verified Status ✓	_____
Pending: _____	_____
Pending: _____	_____
Pending: _____	_____

Your FAFSA application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with you and your parent(s) (if student is a dependent) or spouse's (if you are married) 2015 Guam/IRS/CNMI/ Foreign Tax Transcript(s), 2015 W-2(s) and other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically. Your school may ask for additional information or documents.

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed.

What you should do:

1. Complete sections 1-8 and sign the worksheet - you and at least one parent (if dependent).
2. Submit the completed worksheet, 2015 Tax Transcript(s) and 2015 W-2(s), SNAP benefit certification(s) and any other document(s) your school request to your financial aid administrator.
3. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information on your FAFSA application. You or your school may need to make corrections.

1. Student Information

Student's GCC ID No. _____

Student's Last Name	First Name	Middle Initial
Student's Mailing Address (include apt. no)		
City	State	Zip Code
Student's Home Phone Number		

Student's Social Security Number
Student's Date of Birth
Student's Email Address
Student's Alternate or Cell Phone Number

2. Family Information

If you are a **DEPENDENT student**, check box

List the people in your parent(s)' household. Include yourself (even if you don't live with your parents), your parent(s), and other children that your parents provide more than half their support and will continue to provide half their support between July 1, 2016 and June 30, 2017. Also include other people living in your parent's household that they provide more than half their support between July 1, 2016 and June 30, 2017.

If you are an **INDEPENDENT student**, check box

List the people in your household. Include yourself, and your spouse (if married), and your children, if you provide more than half their support between July 1, 2016 and June 30, 2017. Also include other people if they now live with you and for whom you will provide more than half of their support between July 1, 2016 and June 30, 2017.

* **COLLEGE ATTENDING:** Include the name of the college/university for any household member, EXCLUDING your parent(s), who will be attending **at least half-time** between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	*College/University
		Self	Guam Community College

3. Supplemental Nutrition Assistance Program (SNAP) Benefits

Did you receive SNAP benefits (food stamps) sometime during 2014 or 2015?
If YES, attach official documentation from DPH&SS indicating receipt of SNAP benefits.

Student (include spouse if married)	Parent(s) (if student is a dependent)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4. Tax Filers - Student (include spouse if married) and Parent(s) (if dependent)	Student (include spouse if married)	Parent(s) (if student is a dependent)
Did you file or will file a 2015 Guam/IRS/CNMI/Foreign Income Tax Return? If YES, attach the 2015 Tax Transcript and 2015 W-2(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you file or will file an AMENDED 2015 Income Tax Return? If YES, attach a copy of your filed AMENDED Income Tax Return.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Nontax Filers - Student (include spouse if married) and Parent(s) (if dependent)	Student (include spouse if married)	Parent(s) (if student is a dependent)	
Were student (spouse) or parent(s) unemployed and had no income earned from work in 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If student (spouse) or parent(s) were employed in 2015 and NOT required to file a tax return, list below the names of all employers, amount earned from each employer and attach W-2(s).			
Employee's First Name	Employer's Name	Amount Income Received in 2015	W-2(s) or Check Stub(s) Attached?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

6. 2015 Sources of Untaxed Income (Enter "0" if the answer is "None")	Student (include spouse if married)	Parent(s) (if student is a dependent)
List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.	\$	\$
List the actual amount of any child support received in 2015 for the children in your household. Do not include foster care or adoption payments, or any amount that was court-ordered but not actually paid.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others. Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Line 25. Do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, welfare benefits, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$	\$
List any money received or paid on the student's behalf (e.g., payment of student's bills) not reported elsewhere on this form.	\$	

7. Child Support Paid (Enter "0" if the answer is "None")	
Student (include spouse if married)	Parent(s) (if student is a dependent)
Child support you paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in section 2.	Child support you paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household, as reported in section 2.
Amount of Child Support Paid in 2015: \$	Amount of Child Support Paid in 2015: \$
Name of the person to whom child support was paid:	Name of the person to whom child support was paid:
Name of the child (children) for whom the child support was paid:	Name of the child (children) for whom the child support was paid:

8. Sign This Worksheet

Each person signing this form certifies that all the information reported on this worksheet is complete and correct. If student is a DEPENDENT, the student and at least one parent must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.
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Student _____	Date _____	Parent _____	Date _____
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