



2018-2019 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) 2016 Guam, IRS, CNMI or Foreign Tax Transcript(s), 2016 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 1-7 and sign the worksheet - you and at least one parent (if a dependent).
2. Submit the completed worksheet, 2016 Tax Transcript(s) and 2016 W-2(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

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

STEP 1: List below ALL the people in your 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, 2018 and June 30, 2019**. Also include other people living in your parent's household that they provide more than half their support between July 1, 2018 and June 30, 2019.

STEP 1: List below ALL 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, 2018 and June 30, 2019**. 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, 2018 and June 30, 2019.

STEP 2: List below the name of the COLLEGE or UNIVERSITY for household member(s). EXCLUDE your parent(s) and indicate only those who is, or will be, enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary education institution any time between July 1, 2018 and June 30, 2019. If you need more space, attach a separate page.

STEP 1:		
Full Name	Age	Relationship
		Self

STEP 2:
College/University
Guam Community College

3. FOR TAX FILERS (Student answer both side columns if a dependent)

	For Student to complete (include spouse if married)	For Parent(s) to complete (if student is a dependent)
Did you file or will file a 2016 Guam, IRS, CNMI or Foreign Income Tax Return? If YES, ATTACH the 2016 Tax Transcript and 2016 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 2016 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

4. FOR NONTAX FILERS (Student complete both side columns if a dependent)

	For Student to complete (include spouse if married)	For Parent(s) to complete (if student is a dependent)
I, student (spouse) or parent(s) (if student is a dependent), certify that I was unemployed and had no income earned from work in 2016 AND was/is NOT required to file a 2016 income tax return. PLEASE CERTIFY BY SIGNING ON LINE x_____.	X_____	X_____

If student (spouse) or parent(s) (if student is a dependent) were **EMPLOYED** in 2016 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)**. List employer(s) even if the employer did not issue W-2(s).

Employee's First Name	Employer's Name	Amount Income Received in 2016	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
			<input type="checkbox"/> Yes <input type="checkbox"/> No

5. 2016 SOURCES OF UNTAXED INCOME (Student answer both side columns if dependent) (Enter "0" if the answer is "None")

	For Student to complete (include spouse if married)	For Parent(s) to complete (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 2016 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 2016 . 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.	\$	

6. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) (Student answer both side columns if dependent)

	For Student to complete (include spouse if married)	For Parent(s) to complete (if student is a dependent)
Did you receive SNAP benefits (food stamps) any time during 2016 or 2017? If YES, attach official documentation from DPH&SS indicating receipt of SNAP benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. 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.

Student _____

Date _____

Parent _____

Date _____