

## 2023-2024 Verification Worksheet

(For Dependent/Independent Student)

FOR GCC OFFICE USE ONLY	DATE COMPLETED/ <u>INITIAL</u>
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) 2021 Guam, IRS, CNMI or Foreign Tax Return Transcript(s), 2021 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 email it to the GCC Financial Aid Office at <a href="mailto:financialaid@quamcc.edu">financialaid@quamcc.edu</a> 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 student is a dependent).
- Email the completed worksheet, 2021 Tax Return Transcript(s) and 2021 W-2(s) and any other document(s) your school request to financialaid@guamcc.edu.
- 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:			
Student's Last Name	First Name	Middle Initial	Student's Social Security Number			
Student's Mailing Addre	ss (include apt. no)		Student's Date of Birth			
City	State	Zip Code	Student's Email Address			
Student's Home Phone Number			Student's Alternate or Cell Phone Number			
2. FAMILY INFORM	MATION					
If you are a <b>DEPEND</b>	ENT 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, 2023 and June 30, 2024. Also include other people living in your parent's household that they provide more than half their support between July 1, 2023 and June 30, 2024.			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, 2023 and June 30, 2024. 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, 2023 and June 30, 2024.			

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, 2023 and June 30, 2024. If you need more space, attach a separate page.

STEP 1:		STEP 2:		
	Full Name	Age	Relationship	College/University
			Self	Guam Community College

3. FOR STUDENT (include spouse if married) and for PARENT (if student is a dependent) (For Guam Tax Filers, request Tax Return Transcript(s) at Guam Dept. of Revenue & Tax)			For Student complete (incl spouse if marr	ude complet	For Parent(s) to complete (if student is a dependent)	
	21 Guam, IRS, CNMI or Foreign Income Tax Return?  s worksheet the 2021 Tax Return Transcript(s) and 20	021 W-2(s).	□ Yes □	No □ Ye	s □ No	
Did you file or will file an AMENDED 2021 Income Tax Return?  If YES, ATTACH with this worksheet a copy of your filed AMENDED Income Tax Return.			□ Yes □	No □ Ye	s □ No	
4. FOR NONTAX FI	ILERS - STUDENT (include spouse if marrie pendent)	•	For Student complete (inclusion spouse if marr	ude complet	arent(s) to e (if student ependent)	
I, student, and parent(s) (if student is a dependent), certify that I was unemployed and had no income earned from work in 2021 AND was/is NOT required to file a 2021 Income Tax Return. PLEASE CERTIFY BY SIGNING ON LINE x			x	x	x	
<b>5.</b> If student (incl. spour the names of all emp	se if married) and parent(s) (if student is a dependen loyers, amount earned from each employer and <b>atta</b>	t) were <mark>EMPLOYED in 2</mark> ch W-2(s). List employer	2021 and NOT RE	EQUIRED to file a	tax return, list le W-2(s).	
Employee's First Name	Employer's Name		Amount Incor Received in 20		or Check ) Attached?	
				Yes		
				Yes		
				Yes		
dependent) (DO  List any payments to tax- earnings), including, but	OF UNTAXED INCOME (Student answer NOT leave blank – answer ZERO '0' or 'N deferred pension and retirement savings plans (paid not limited to, amounts reported on W-2 forms in Bo	/A' if not applicable directly or withheld from	if a (include) if m	nplete to le spouse s	or Parent(s) complete (if tudent is a ependent)	
	d S.  any child support received in 2021 for the children loption payments, or any amount that was court-orde		\$			
Housing, food, and oth Include cash payments a	er living allowances paid to members of the militand/or the cash value of benefits received. Do not in alue of a basic military allowance for housing.		\$			
List the total amount of v	eterans non-education benefits received in 2021. nd Indemnity Compensation (DIC), and/or VA Educat		ı	\$		
the untaxed portions of h extended foster care benefits, benefits, Supplemental Securit	ot reported, such as workers' compensation, disability ealth savings accounts from IRS Form 1040 Schedul student aid, earned income credit, additional child tax credit, welf ty Income (SSI), Workforce Investment Act (WIA) educational be mbat pay, benefits from flexible spending arrangements (e.g. cafax on special fuels.	e 1-line 12. <b>Don't include</b> are benefits, untaxed Social Snefits, on-base military housing	Security	\$		
List any <b>money received</b> elsewhere on this form.	d or paid on the student's behalf (e.g., payment of	student's bills) not repor				
	L NUTRITION ASSISTANCE PROGRAM both side columns if a dependent)		For Student complete (inclusion spouse if marr	ude complet	arent(s) to e (if student ependent)	
	enefits (food stamps) any time during 2021 or 2022? cumentation from DPH&SS indicating receipt of SNA	P benefits.	□ Yes □	No ☐ Yes	s □ No	
8. SIGN THIS WO	RKSHEET		WA	ARNING: If you pur	rposely give	
Each person signing this form below 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 whose information was reported on the FAFSA must sign and date.  false or misleading information on this worksheet, you may be fined, sent to prison, or both.						
Student Signature	Date (MM/DD/YYYY)	Parent Signatu	ure	Date (MM	/DD/YYYY)	