

# 2015–2016 Dependent Verification Worksheet – V6 Tracking Group

The federal government has selected your financial aid application for a process called verification. During verification WCC will compare information reported on your FAFSA to information on your, and your parent(s), 2014 federal income tax transcript(s). Federal law says WCC has the right to ask you for this information before we can award you financial aid. If there are differences between your FAFSA and your tax returns, WCC may need to make corrections to your FAFSA.

Please complete, sign this worksheet, and attach (if you have not used the IRS data retrieval tool) a copy of your and your parent(s) 2014 federal income tax return transcript.

Name	Student ID Number	Phone Number	
	@		

### **Family Information**

List the people in your parent(s)' household, including:

- 1. Yourself.
- 2. Your parent(s), including stepparents, even if you don't live with your parents.
- 3. Your parent(s)' other children, even if they don't live with your parent(s), if:
  - your parents will provide more than half of their support from July 1, 2015 through June 30, 2016, or
  - the children would be required to provide parental information when applying for federal student aid.
- 4. Other people if they currently live with your parent(s), and your parent(s) provide more than half of their support, and will continue to provide more than half of their support from July 1, 2015, through June 30, 2016.

Full Name	Age	Relationship:	College Attending (at least half time) 7/1/15 – 6/30/16
		Self	Washtenaw Community College



#### **Student Income**

If you were **not required** to file a 2014 federal income tax return, please list all sources of income, the amount(s) earned and provide copies of your W2 form(s).

Source of Income	Amount Earned in 2014
	\$
Did you attach a W2?	
O Yes	O No
If No, Explain	

#### Parent Income

If you were **not required** to file a 2014 federal income tax return, please list all sources of income, the amount(s) earned and provide copies of your W2 form(s).

Source of Income	Amount Earned in 2014			
	\$			
Did you attach a W2?				
O Yes	O No			
If No, Explain				

# **Verification of SNAP Benefits (Food Stamps)**

Did you, your parent(s), or a member of your parent(s)' household, receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013 or 2014?					
O No	Yes				
If yes, then provide the name of recipient, age, and relationship to the student. (If more space is needed, please attach a separate page.)					
Name		Age	Relationship	Amount Received Per Month	
				\$/month	

## **Verification of Child Support Paid**

Did you, your parent, or your step-parent pay child support in 2014?					
O No	O Yes		Name of the person who paid child support		
If yes, please certify: (If more space is needed, please attach a separate page.)					
Name of person to whom child support was paid Nam		Name and age of child		2014 Total Paid	

Parent(s)



**Income Source** 

## **Verification of Other Untaxed Income for 2014**

Answer each question below as it applies to the student, and the student's parent(s), whose information is on the FAFSA. If any item does not apply, enter \$0 where the <u>amount</u> is requested.

Student

Social Security Benefits or Supplemental Security Income (SSI)	\$/month	\$/month			
Income for odd jobs, not reported on a W-2 (babysitting, yard work, etc.)	\$/month	\$/month			
Unemployment	\$/month	\$/month			
Child Support/Alimony Received	\$/month	\$/month			
Money received or paid on your behalf (rent, utilities, food, gas, etc.)	\$/month	\$/month			
Subsidized Housing/Section 8	\$/month	\$/month			
Government Cash Assistance (TANF)	\$/month	\$/month			
Financial Aid Refund	\$/month	\$/month			
Payments to Tax-Deferred Pension and Retirement Savings Plans	\$/month	\$/month			
Housing, food, and other living allowances paid to members of the military, clergy, and others	\$/month	\$/month			
Veterans Non-Education Benefits	\$/month	\$/month			
Other untaxed income, such as workers compensation, disability, Black Lung Benefits, untaxed portions of health savings account, Railroad Retirement Benefits, etc.	\$/month	\$/month			
Income received from foreign country, converted to US dollars	\$/month	\$/month			
Value of on-base military housing and/or untaxed combat pay	\$/month	\$/month			
<b>OTHER:</b> any other resources or benefits not appearing on the FAFSA	\$/month	\$/month			
In the space provided, please further explain how your family was supported in 2014.					
By signing this document, you certify that the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both. If it appears the information in this document is inaccurate, we may ask you to submit additional documents to verify this information.					
Student Signature	Date				
Parent Signature	Date				