

GRACE COLLEGE 2017-2018

Dependent Verification Worksheet

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Number

B. Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now 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 through June 30, 2018.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be enrolled at least half-time
Marty Jones(example)	28	Self	Central University	Yes

Please complete all four pages.

Student's Name: _____ SSN: _____

C. Dependent Student's Income Information to Be Verified

Check the box that applies:

- ☐ You are attaching a copy of your tax transcript and W-2's.
- ☐ You are working on getting a **2015 IRS tax return transcript**—not a photocopy of the income tax return – and will submit it when received from the IRS along with W-2's. *To obtain an IRS tax return transcript, go to www.irs.gov/transcript and click "Order a Return or Account Transcript", or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number and the address on file with the IRS. It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers.*
- ☐ The student was not employed and had no income earned from work in 2015.
- ☐ The student was employed in 2015 and has listed below the names of all the student's employers, the amount earned from each employer in 2015, and isn't going to file a tax return. Attach copies of all 2015 W-2 forms issued to the student by employers. *List every employer even if they did not issue a W-2 form.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

D. Parent's Income Information to be Verified - Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below apply to both parents.

Check the box that applies:

- ☐ You are attaching a copy of your tax transcript and W-2's.
- ☐ You are working on getting a 2015 IRS tax return transcript —not a photocopy of the income tax return – and will submit it when received from the IRS along with W-2's. *To obtain an IRS tax return transcript go to www.irs.gov/transcript and click "Order a Return or Account Transcript", or call 1-800-908-9946. Make sure you order the "IRS tax return transcript" and not the "IRS tax account transcript." The parent will need his or her Social Security Number and the address on file with the IRS. It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper tax return filers. If the parents are married, and separate 2015 tax returns were filed, 2015 IRS tax return transcripts must be submitted for each parent.*
- ☐ The parent(s) was not employed and had no income earned from work in 2015.
- ☐ The parent(s) was employed in 2015 and has listed below the names of all the parents' employers, the amount earned from each employer in 2015, and isn't going to file a tax return. Attach copies of all 2015 W-2 forms issued to the parent(s) by employer(s). *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

Please complete all four pages.

Student Name: _____

Student SSN/ID#: _____

2015 Additional Financial Information		
Parent(s)		Student/Spouse
\$	a. Education credits from IRS Form 1040 - line 50 or 1040A - line 33.	\$
\$	b. Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household.	\$
\$	c. Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	d. Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes Ameri-Corps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	e. Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2.	\$
\$	Sum Total of a through e	\$

2015 Untaxed Income		
Parent(s)		Student/Spouse
\$	a. Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.	\$
\$	b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17.	\$
\$	c. Child support received for all children. Don't include foster care or adoption payments.	\$
\$	d. Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$
\$	e. Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	f. Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$
\$	h. Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	i. Other untaxed income not reported, such as workers' compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
xxxxxxxxxx	j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$
\$	Sum Total of a through j	\$

By signing this worksheet, we certify that all the information reported is complete and correct.

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

Please put a number or a zero in each box above.

Please complete all four pages.

Student's Name: _____ SSN: _____

I certify that all of the information reported on this worksheet is complete and correct. The student and one parent must sign and date this worksheet.

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

Student's Signature

Date

Parent's Signature

Date

***Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.***

You should make a copy of this worksheet for your records.

**Grace College
Office of Student Financial Aid
200 Seminary Dr
Winona Lake, IN 46590**

Phone: (800) 544-7223 | Fax: (574) 267-5132 | E-mail: financialaid@grace.edu

Please complete all four pages.