

Dependent Student Verification Worksheet 2018-2019

Student Name (please print): _____

Student ID: _____

Your FAFSA has been selected for review by the U.S. Department of Education in a process called "verification". WCCC is required by federal law (34CFR, Part 668) to compare the information from your FAFSA with the information provided on this form. Please complete all applicable items on this form and return to our office for review.

Section I: Household Information / Number in College: List all of the people in your parent(s)' household: List yourself, your parent(s) (including step-parents) and their children even if they do not live with your parent(s) but will receive more than half of their support from them between July 1, 2018 and June 30, 2019, and other people who live with your parent(s) and will receive more than half of their support from them between July 1, 2018 and June 30, 2019. Indicate if any household member will be attending college at least half time in a degree or certificate program between July 1, 2018 and June 30, 2019, and if so provide the name of that college.

First and Last Name	Age	Relationship to you	Will this person be attending college at least half time in a degree or certificate program? If yes list the college's name.
List yourself on this line		Self	Yes – Washington County Community College

Section II: Child Support Received: Complete this section if your parent(s) **received** child support for anyone in 2016.

Name of the person who received the child support	Amount for	Name of the child for whom the support was paid
	\$	
	\$	

Section III: Child Support Paid: Complete this section if your parent(s) **paid** child support to anyone in 2016 .

Name of the person who paid child support	Amount for	Name of the child for whom the support was paid
	\$	
	\$	

Section IV: Parent Income Earned from Work for Income Tax Filers: If your parent(s) filed a **joint** federal income tax return for 2016, include both parent income when completing the following section,

Wages earned by your first parent/step-parent	\$	Wage locations: Form 1040 – lines 7 + 12 + 18 or Box 1 of your W-2s
Wages earned by your second parent/step-parent	\$	

Section V: Parent Income Earned from Work for Non-Income Tax Filers:

Complete the following section if **your parent(s)** did not and will not file a Federal Income Tax Return for 2016. List below source(s) and **all** income received in 2016. Be sure to transfer your IRS data to student's FAFSA or order a return tax transcript from IRS.gov:

Employer name	Amount Earned in 2016	IRS W-2 provided? Y or N
	\$	
	\$	

Section VI: Student Income Earned from Work for Non-Income Tax Filers:

Continued on the reverse side >>>

Complete the following section if **you** (the student) did or did not and file a Federal Income Tax Return for 2016. List below source(s) and **all** income received in 2016. Be sure to transfer your IRS data to your FAFSA or order a return tax transcript from IRS.gov:

Employer name	Amount Earned in 2016	IRS W-2 provided? Y or N
	\$	
	\$	
	\$	

Section VII: Assistance Programs:

Indicate if you or your parent(s) received support in 2016 from any of the following programs (please answer all):

Program	Receive Support?	
TANF (Temporary Assistance to Needy Families)	Y	N
SNAP (Food Stamps)	Y	N
WIC	Y	N
Medicaid / Medicare	Y	N
Section 8 Housing / Public Housing	Y	N
Subsidized Childcare / Daycare Assistance	Y	N
Reduced or Free School Lunch	Y	N

Section VIII: Other Sources of Untaxed Income:

Provide the amounts that you or your parent(s) received in 2016 from any of the sources listed below:

Source of Untaxed Income	Total Amount for 2016
Payments to tax-deferred pension and retirement savings plans (W2 Forms in boxes 12a through 12d with codes D, E, F, G, H, and S)	\$
Housing, food or other living allowances for military, clergy, or others	\$
Veterans non-education benefits (do not include GI Bill benefits but do include disability, death, pension, dependency and indemnity compensation)	\$
Untaxed Social Security benefits or SSDI	\$
Money received or paid on the student's behalf (list source and amount below)	
Source: _____	\$
Other sources of untaxed income not reported elsewhere on this form (list below)	
Source: _____	\$

Certifications and Signatures

Each person signing below certifies that all of the information reported on this form is completed and correct. The student and one parent whose information was reported on the FAFSA must sign and date below.

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

Student's Signature (required)

Date

Parent's Signature (required)

Date