



2016-2017 Verification Worksheet

A. Student Information

Last name	First name	M.I.	J _____ Student ID#
			Phone #

<input type="checkbox"/> I was born before January 1, 1993	<input type="checkbox"/> I am married	<input type="checkbox"/> I will be working on a master's or doctorate program
<input type="checkbox"/> I am serving on active duty in the U.S. Armed Forces	<input type="checkbox"/> I am a veteran of the U.S. Armed Forces	<input type="checkbox"/> I have children and I provide more than half of their support

If you checked **ANY** of the boxes above, you are an Independent student. **Complete student information only.**
 If you **did not** check **ANY** of the boxes above, you are a dependent student. **Complete student and parent information.**

Household Information –

For Dependent Students:

Include yourself and your parents and their household members, who they provide more than half of their support for, even if you do not currently live with your parents.

For Independent Students:

Include yourself and your spouse, if you are married, and your children and other people if they now live with you and you and/or your spouse provides more than half of their support.

Full Name	Age	Relationship	College Name / State (If attending)
		<i>Self</i>	<i>Jefferson Community College / NY</i>

Was a 2015 Federal Income Tax Return filed by: **Student** ___ Yes ___ No (**Spouse if married**) ___ Yes ___ No
Parent(s), if you are a dependent student ___ Yes ___ No (include parent and their current spouse)

***** If the student and/or spouse or parent(s) does not file a tax return, please list the type and amount of income you receive in section D of this form.**

B. Verification of Asset Information

(Please list the current amount for each line, even if it is zero)

	<u>Student (and spouse if married)</u>	<u>Student's Parent(s) (if applicable)</u>
Cash, Savings, and Checking.....	\$ _____	\$ _____
Net worth of investments *.....	\$ _____	\$ _____
Net worth of businesses and/or..... investment farms (do not include a farm you live on and operate)	\$ _____	\$ _____

If you (and/or your parent(s)), own a business, do you (they) have more than 100 full-time (or full-time equivalent) employees? ___ Yes ___ No

* **Investments include** real estate (do not include the home you live in), rental property, trust funds, money market funds, mutual funds, CD's , stocks, stock options, bonds, other securities, college savings plans, commodities, etc. **Investments do not include** the home you live in, retirement plans (401k plans, pension funds and annuities, non-education IRA's, Keog plans, etc.) or the value of life insurance
Net worth means current value minus debt.

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NOTE: TO AVOID DELAYS DO NOT LEAVE BLANKS

C. Additional Financial Information (All information pertains to 2015 only)

If a question does not apply to you (or your spouse or parent(s) if applicable), please enter -0-

Student (and spouse if married)

Student's Parent(s) (If applicable)

Did any household member listed in section A. Receive food stamp (SNAP) benefits during 2014 or 2015?

_____ Yes _____ No

\$ _____ **Child support paid to someone else during 2015 by:** You, your spouse (if married) or your parent(s) (if you are a dependent student) because of divorce or separation, or as a result of a legal requirement. Please list names and ages of all children for whom support is being paid and the name who it is paid to. \$ _____
Monthly **Monthly**

Child(rens) names(s): _____ **Age(s):** _____

Child support listed above was paid to: _____

\$ _____ Taxable earnings from Federal Work-Study or other need-based work programs. \$ _____
From 2015 W2 From 2015 W2

D. Untaxed Income Received in 2015

Student (and spouse if married)

Student's Parent(s) (if applicable)

Payments to tax-deferred pension and saving plans (paid directly or withheld from earnings), including, but not limited to, amounts **reported on the W-2 form** in Boxes 12a through 12d, and Codes D, E, F, G, H and S. **(do not include DD)** \$ _____

Monthly Child support received during 2015 for all children. Do not include foster care or adoption payments. \$ _____

Monthly Veterans' non-education benefits such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances \$ _____

Monthly Amount of any **other untaxed income or benefits** not reported in sections A & B, such as Worker's Compensation, untaxed portions of railroad retirement benefits, Black Lung benefits, disability, public assistance etc. **Please list the amount and source of your untaxed income on the line below** \$ _____

\$ _____ **Yearly** amount of money earned from employment that **was not** reported on a tax return \$ _____

\$ _____ **Yearly** amount of money received or paid on the student's behalf \$ _____

(Please do not leave this question blank)

Please indicate if you and/or your spouse (if married) or parent(s) (if you are a dependent student) were active duty military during 2015

Myself: Yes ___ No ___ Spouse(if married): Yes ___ No ___ Parent(s) (if dependent): Yes ___ No ___

(please circle one) Enlisted Officer

\$ _____ **Yearly** Housing, food and other living allowances paid to member of the military or clergy \$ _____

E. Sign this Worksheet (If required to provide parental information, a parent must also sign)

Each person signing below certifies that all of the information reported is complete and accurate.

Warning: If you 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 (if applicable) Date

Please return this form to:
Jefferson Community College Financial Services Office