



## 2010-11 Verification Worksheet Dependent

### Federal Student Aid Programs

Your application was selected for review in a process called "Verification." In this process, your school must compare information from your application with signed copies of your and your parent(s)' 2009 federal tax forms, W-2 and/or other 2009 financial documents. Federal regulations say we have the right and responsibility to require this information before awarding Federal aid. If there are differences between your application and your other documents, corrections may need to be submitted to the Department of Education. Please answer carefully and completely. **Incomplete information will be returned to you and delay processing!**

#### A. Student Information

Last Name	First Name	M.I.	W# or Social Security Number
Address (include apt. #)			Date of birth
City	State	Zip Code	Phone Number (including area code)

#### B. Family Information

List the people in your parents' household. **You may only include:**

- yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- your parents' other children, even if they don't live with your parent(s), if
  - a) the children would be required to provide parental information when applying for Federal Student Aid, OR
  - b) your parents will provide more than half of their support from July 1, 2010 through June 30, 2011, and
- other people if they now live with your parents, and your parents provide more than half their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

**Write the names of only those household members meeting definition above.** *You may not include roommates.* Then indicate the name of the college for any household member, excluding your parent(s), who will be attending college at least half time in a degree or certificate program between July 1, 2010 and June 30, 2011. If you need more space, attach a separate page.

Full Name	Age	Relationship	Name of College
		Self	Chabot Community College

#### C. Tax Filer Status

**TAX FILERS** – If you and/or your parent(s) filed 2009 federal taxes, you must submit signed copies of 2009 Federal Income Tax returns.

Acceptable tax documents include 2009 IRS Forms 1040, 1040A, 1040EZ, tax transcript, a tax return from Puerto Rico or a foreign country. *We cannot accept IRS Form 8453 as it does not provide sufficient information for verification.* If you or your parent(s) were required to amend your taxes, you must provide copies of both the original tax document as well as the amendment. **All documentation must be signed. Do not provide us with any originals. Please turn page over; you must complete the back of this form in its entirety.**

**NON-TAX FILERS** – See pages 8-10 of 2009 1040 instructions or contact the IRS to determine if you and/or your parents are required to file federal taxes.

**By checking this box, I certify that**  **I** and/or  **my parent(s) did not and am/are not required by the IRS to file a 2009 Federal Income Tax Return.**

What were your main sources of financial support during the past year? **Please check all that apply.**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Income from work*     | <input type="checkbox"/> Savings*      | <input type="checkbox"/> Child Support/Alimony* | <input type="checkbox"/> Assistance from friends or relatives* |
| <input type="checkbox"/> Legal Settlement*     | <input type="checkbox"/> Unemployment* |   |  |
| <input type="checkbox"/> Student Financial Aid | <input type="checkbox"/> WIC           | <input type="checkbox"/> Subsidized Housing     | <input type="checkbox"/> Food Stamps                           |
| <input type="checkbox"/> Other _____           |  |   |  |

(\*include amounts from these items in Section D on page 2)

**Please turn page over; you must complete the back of this form in its entirety.**

### D. Untaxed and Other Sources of Income

If you or your parent(s) did not file and are not required to file a 2009 Federal income tax return, but had earned income, list below your employer(s) and any income received in 2009 (use W-2 forms or other earnings statements if available.)

Name of Employer	Student Amount	Parent Amount

**ALL DOLLAR VALUES MUST BE FILLED IN (IF IT DOESN'T APPLY ENTER '\$0')**

Student		Parent(s)
	<b>FAFSA Questions 45 and/or 93 - Untaxed income</b>	
\$	<b>Payments to tax-deferred pension and savings plans</b> (paid directly or withheld from earnings), including but not limited to, amounts reported on W2 form in boxes 12a-d, codes D, E, F, G, H, and S. <b>(2009 W2 forms, other statements of payment)</b>	
\$	<b>IRA deductions and payments</b> to self-employed SEP, SIMPLE, Keogh or other qualified plans from IRS Form 1040 (lines 28+32), or 1040A (17) <b>(2009 federal taxes)</b>	
\$	<b>Child support received</b> for all children. Do not include foster care or adoption payments.	
\$	Tax exempt interest income from IRS Form 1040 (8b) or 1040A (8b). <b>(2009 federal taxes)</b>	
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). <u>Exclude rollovers.</u> <b>(2009 federal taxes)</b>	
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A- lines (12a minus 12b). <u>Exclude rollovers.</u> If negative, enter a zero here. <b>(2009 federal taxes)</b>	
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	
\$	<b>Veterans' non-education benefits</b> such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and / or VA Educational Work-Study allowances.	
\$	Any other untaxed income or benefit not reported elsewhere on FAFSA, such as <b>worker's compensation, disability</b> , untaxed portions of railroad retirement benefits, or Black Lung benefits. 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. <b>(2009 end of year statement of benefit(s) received)</b>	
\$	<b>Cash received, or any money paid on your behalf</b> (i.e. bills paid for you), not reported elsewhere on this form.	
= \$	<b>Total - answer must be provided (may not leave items blank) — if no items apply to you and/or your parent(s), enter zeros, and total in each column. Documentation (in bold) may be requested.</b>	= \$
	<b>FAFSA Questions 44 and/or 92 - income exclusions</b>	
\$	Education credits - Hope/Lifetime Learning tax credits from IRS 1040 (50) or 1040A (31) <b>(2009 federal taxes)</b>	
\$	Child support paid because of divorce or separation. Do not include support for children in your (or your parents') household as reported on your FAFSA application.	
\$	Taxable earnings from federal Work-Study or other need-based work program; only may include here if included as income on your 2009 taxes. <b>(2009 federal taxes)</b>	
\$	Student grant, scholarship, fellowship, or assistantship aid, including Ameri-Corps awards, as reported to the IRS in your adjusted gross income. <b>(2009 federal taxes and school's end of year statement of qualifying amounts/1098)</b>	
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	
\$	Earnings from work under a cooperative education program offered by a college	
= \$	<b>Total - answer must be provided (may not leave items blank) — if no items apply to you and/or your parent(s), enter zeros, and total in each column. Documentation (in bold) may be requested.</b>	= \$

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, prosecuted for fraud, sentenced to jail, and/or face other charges, and will have to repay any financial aid funds you receive.**

By signing this worksheet, I (we) certify that all information reported to qualify for student financial aid is complete and correct, and I (we) attached all documentation as required to this statement.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent / Stepparent Signature (Required) \_\_\_\_\_

Date \_\_\_\_\_

Pursuant to the Americans with Disabilities Act, if you require this information in alternative format or have special needs, please contact the Financial Aid Office or DSRC for assistance.