



# Gloucester County College

Office of Financial Aid  
2009-2010 Verification Worksheet

**I. Student Information**

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: \_\_\_\_\_

**II. Income Information.** This section must be completed. Student's (spouses and parents) must submit copies of their W-2 forms even if they were not required to file a tax return. All tax returns must be copied and signed and must have all accompanying schedules. **DO NOT SUBMIT COPIES OF YOUR STATE TAX RETURNS**

All Financial Aid Applicants must complete the student section (1) Parents of Dependent students (2) Spouses (3). Please check only one box, if you, your parent, or your spouse did not keep a copy of your 2008 Federal Income Tax Return and all W-2's, please request another copy from your tax preparer, or request copies from the Internal Revenue Service (this may delay processing)

**1. Students**

- Check here if you are attaching your signed and dated 2008 Federal Income Tax Return and all W-2's.
- Check here if you will submit your signed and dated 2008 Federal Income Tax Return and all W-2's by \_\_\_\_\_.
- Check here if you will not and are not required to file a 2008 Federal Income Tax Return, please submit all W-2's.

**2. Parents**

- Check here if you are attaching your signed and dated 2008 Federal Income Tax Return and all W-2's.
- Check here if you will submit your signed and dated 2008 Federal Income Tax Return and all W-2's by \_\_\_\_\_.
- Check here if you will not and are not required to file a 2008 Federal Income Tax Return, please submit all W-2's.

**3. Spouse**

- Check here if you are attaching your signed and dated 2008 Federal Income Tax Return and all W-2's.
- Check here if you will submit your signed and dated 2008 Federal Income Tax Return and all W-2's by \_\_\_\_\_.
- Check here if you will not and are not required to file a 2008 Federal Income Tax Return, please submit all W-2's.

**III. Family Size/Household Information.** Please list below the people that live in your household. Please include yourself, (your spouse if you have one) your children, Parents and Step-Parents (if you are dependent), siblings and step-siblings, other dependents that you, your spouse, or parents have provided or will continue to provide more than half of their support from July 1, 2009 through June 30, 2010. Please indicate those who live in your house that are currently attending or will attend a college or university (with at least half time enrollment 6 or more credits) from July 1, 2009 through June 30, 2010. Please attach an additional page if the space provided is not sufficient.

Full Name	Age	Relationship	College
John Doe (example)	18	Self	Gloucester County College

**WORKSHEET A  
INFORMATION IS REQUIRED BY THE STATE OF NEW JERSEY**

**STUDENT**

**PARENTS**

_____	Earned income credit from IRS Form 1040—line 66a; 1040A—line 40a; or 1040EZ—line 8a.	_____
_____	Additional child tax credit from IRS Form 1040—line 68 or 1040A—line 41	_____
_____	Welfare benefits, including Temporary Assistance for Needy Families (TANF) Don't include food stamps or subsidized housing	_____
_____	Social Security benefits received, for all household members that were not taxed (such as SSI). Report benefits paid to parents in the Parents column, and benefits paid directly to the student (or spouse) in the Student/Spouse column.	_____
_____	Total	Total _____

**PLEASE COMPLETE AND SIGN THE REVERSE SIDE OF THIS FORM**

**IV Additional Financial Information.** Please provide an answer for each statement. If the questions do not pertain to you please indicate an N/A, for all other answers please indicate the full yearly amount. In 2008, did you or anyone in your household receive any of the following benefits?

Supplemental Social Security  TANF  Free or Reduced Lunch  Food Stamps  WIC

**FAFSA QUESTION 46 AND 94**  
Report Annual Amounts

**STUDENT**

**PARENTS**

_____	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040—line 50 or 1040A – line 31	_____
_____	Child support you 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, as reported in question 90 (or question 66 for your parents).	_____
_____	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships	_____
_____	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	_____
_____	Total <b>QUESTION 46</b>	_____
	<b>QUESTION 95</b>	_____
	Total	_____

**V. 2008 Untaxed Income Information.** Please provide an answer for each statement. If the questions do not pertain to you please indicate an N/A, for all other answers please indicate the full yearly amount. In 2008, did you or anyone in your household receive any of the following benefits?

**FAFSA QUESTIONS 47 AND 95**  
Report Annual Amounts

**STUDENT**

**PARENTS**

_____	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 Form in Boxes 12a through 12d, codes D,E,F,G,H and S	_____
_____	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—line 17	_____
_____	Child support you received <b>for all children</b> . Don't include foster care or adoption payments.	_____
_____	Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b	_____
_____	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.	_____
_____	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.	_____
_____	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	_____
_____	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances	_____
_____	Other untaxed income not reported elsewhere on Worksheets A and B (e.g., workers' compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, disability, etc.(Tax filers only: report combat pay not included in AGI) (FAFSA questions 35 and 79). Don't include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements, e.g., cafeteria plans.	_____
_____	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form	_____
_____	Total <b>QUESTION 47</b>	_____
	<b>QUESTION 95</b>	_____
	Total	_____

The information collected on this form is used to verify the income information reported on the students FAFSA application. Applications are selected at **RANDOM** by the United States Department of Education. Being selected for verification does not mean there are errors or mistakes on the FAFSA. **The Financial Aid Administrator reviewing your file may require additional supporting documentation to the information provided on this form.** We encourage students to supply supporting documents to any means of income reported in Worksheet A and for Questions 46, 94, 47 and 95. If you do not supply them with this worksheet it may cause a delay in the processing for your Financial Aid awards. If you are unsure of what supporting documentation you may need please contact the Gloucester County College Office of Financial Aid at 856-468-5000 ext 6292.

By signing below, you the student (and parent) indicate that you have read and understand the statements explained above. If you have any questions about the statements, **you the student** must contact the Office of Financial Aid for assistance with your questions. The student also confirms that all information and supporting documentation collected from them is true, accurate and complete to the best of their knowledge.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

(Required for Dependent Students)