

VERIFICATION PRIORITY DEADLINES

Fall June 1, 2017
 Spring Nov 1, 2017
 Summer March 1, 2018

DEPENDENT

2017-2018 Verification Worksheet

Your application for federal student aid was selected for Verification by the U.S. Department of Education for review. In this process, federal law requires the college to collect financial documents to ensure the accuracy of the information reported on the FAFSA. (CFR, Title 34, Part 668) We will correct inconsistent information and financial aid will be adjusted as necessary. Please return this required information to us **within 15 days** so that your financial aid eligibility may be determined. **All required documents must be signed and submitted together.** If not, you will receive another request for any missing or incomplete documents. Please write the student's SS# or student ID on each document!

Mail the completed packet to:
 Greenville Technical College
 Financial Aid Office (MS 6033)
 PO Box 5616, Greenville, SC 29606-5616

OR

Bring the packet to:
 ARC, Financial Aid Office (McAlister Square)
 225 South Pleasantburg Drive
 Phone: 864-250-8000

A. STUDENT INFORMATION (Please use black ink only)

Last Name	First Name	M.I.	Student ID#

Address (include apt. #)	City	State	Zip Code

Date of Birth	E-mail Address	Phone Number (include area code)	

B. FAMILY INFORMATION

List below the people that your parent(s) will support between July 1, 2017 and June 30, 2018. **Be sure to include your parent(s), yourself and your siblings even if you didn't live with your parent(s).** Include other people only if they lived with you and received more than half their support from you and/or your parents at the time you applied for financial aid and will continue to receive this support between July 1, 2017 and June 30, 2018. *Use a separate page with student id# on top if you need more space.*

- Do not include children for whom you or your parent pays child support. (Include on back of this page.)
- If there are other people in your household who provide more than half of their own support, **do not** list them.
- **Grandparents and legal guardians are not considered parents unless they legally adopted you.**

Write the name of the college for any family member, excluding your parents, who will be attending college at least half-time between July 1, 2017 and June 30, 2018, and enrolled in a degree, diploma or certificate program.

Full Name	Age	Relationship	College
<i>Example: Missy Jones</i>	<i>18</i>	<i>Sister</i>	<i>Your University</i>
		Self	Greenville Technical College

C. TAX FORMS AND INCOME INFORMATION

TAX FILERS ONLY: If you or your parents did not or weren't eligible to use the IRS Data Retrieval Tool (DRT) to transfer your 2015 tax data when completing or correcting your FAFSA, you MUST submit a signed copy of your and your parents' **2015 Federal Tax Return or a Tax Return Transcript, W2s and 1099s.** If you filed an amended return, you must also submit a signed copy of the amended return (1040X). By law, we cannot accept copies of the 1040, 1040EZ or 1040A tax returns. **If you used the IRS DRT on the FAFSA, you do not need to submit a tax return or transcript or W2s.**

Check if applicable:

- I used the IRS Data Retrieval Tool to transfer the 2015 tax information to the FAFSA and do not need to submit a tax transcript.
- My parent(s) used the IRS Data Retrieval Tool to transfer the 2015 tax information to the FAFSA and do not need to submit a tax transcript.

(OVER)

C. TAX FORMS AND INCOME INFORMATION (continued)

TAX FILERS: Go to www.irs.gov to order a **tax return transcript** using the "Get Transcript ONLINE" or "Get Transcript by MAIL" feature. Keep a copy for your records. You can also call the IRS at 1-800-908-9946, or use form 4506T-EZ or 4506-T to request a tax return transcript be mailed to you. The **US Electronic Filing Form 8453 & e-file signature authorization 8879** are **NOT** acceptable.

NON-FILERS: If you or your parent(s) did not & were not required to file a 2015 Federal Tax Return, check the appropriate box(es) below & list the source of income and amounts received in 2015 and **attach W2s**. You may be required to submit a **Verification of Nonfiling Letter**.

- You Your father (stepfather or parent 1) Your mother (stepmother or parent 2)
 The following person(s) were unemployed in 2015: Student Parent 1 Parent 2

Name of Employer/Source of Income	Student Income	Parent(s) Income

Both tax filers and non-tax filers must list any unearned and untaxed income received in 2015. BE SURE TO WRITE IN ZEROS IF NO FUNDS WERE RECEIVED. BLANK SPACES CANNOT BE ACCEPTED

Student	Calendar Year 2015 Please include annual amounts for January 1 – December 31, 2015	Parent(s) (step-parent)
2015 UNTAXED INCOME		
\$	Child support received for all children. Don't include foster care or adoption payments.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include Section 8 housing payments, combat pay or food stamps.	\$
\$	Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances.	\$
\$	Any other untaxed income and benefits, not reported elsewhere, such as Workers' Compensation, untaxed portions of Railroad Retirement Benefits, Black Lung Benefits, Refugee Assistance, disability, etc. Do not include: student aid, SSI, untaxed Social Security benefits, earned income credit, welfare payments, combat pay, WIA benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans.	\$
\$	Cash received or paid on your behalf, not reported elsewhere on this form.	\$
2015 ADDITIONAL FINANCIAL INFORMATION		
\$	Child support paid as a result of a legal requirement. Don't include support for children in your parents' household. Who Paid Support: _____ Name(s) & Ages of Child(ren): _____ Name of Person(s) to whom support is paid: _____	\$
\$	Rollover from one retirement fund to another retirement fund. The IRS system cannot identify a rollover from one retirement fund to another. (Provide a copy of the proof of this rollover amount from the tax preparer or financial institution)	\$

PUBLIC SOURCES OF SUPPORT/INCOME – Check yes or no. If yes, include annual amounts in space provided.

Housing/Public Utility Assistance \$ _____	Yes	No	Social Security Benefits/SSI/Medicaid \$ _____	Yes	No
Food Stamps (SNAP) (2015 or 2016) - \$ _____	Yes	No	Welfare Payments/TANF \$ _____	Yes	No
Lunch Benefits	Yes	No	WIC	Yes	No

D. SIGN THIS WORKSHEET (Student and at least one parent must sign.)

We certify that all the information reported on this worksheet is complete and correct. If, as a result of the verification, information on the FAFSA needs to be corrected, we authorize the Financial Aid Office to make those corrections electronically. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, imprisoned or both.**

Student's Signature

Date

Parent's Signature

Date