



2009-2010 Verification Worksheet

Federal Student Aid Programs

FORM APPROVED
OMB NO. 1845-0041

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with signed copies of your (and your spouse's, if you are married) 2008 Federal tax forms, or with W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed. Your financial aid administrator will help you.

What you should do

1. Collect your (and your spouse's) financial documents (signed Federal income tax forms, W-2 forms, etc.).
2. Talk to your financial aid administrator if you have questions about completing this worksheet.
3. Complete and sign the worksheet.
4. Submit the completed worksheet, tax forms, and any other documents your school requests to your financial aid administrator.
5. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your application. You or your school may need to make corrections electronically or by using your SAR.

A. Student Information

Last name	First name	M.I.	Social Security Number
Address (include apt. no.)			Date of birth
City	State	ZIP Code	Phone number (include area code)

B. Family Information

List the people in *your household*, including:

- yourself, and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, even if they do not live with you, and;
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
<i>Martha Jones</i> (example)	<i>24</i>	<i>Wife</i>	<i>City University</i>
		Self	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0041. The time required to complete this information collection is estimated to average twelve minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Education, Washington, DC 20202-5345.

COLLEGE for Creative STUDIES

2009 -2010 Verification Worksheet Federal Student Aid Programs

Student/Spouse	<u>2008 Additional Financial Information</u>	Parent(s)
\$	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A - line 31.	\$
\$	Child support paid out because of divorce or separation or as a result of a legal requirement. Do not include support for children in your (or your parents') household, as reported in question 96 (or 75 for your parents).	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$
\$	Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. ONLY enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$
Student/Spouse	<u>2008 Untaxed Income</u>	Parent(s)
\$	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 forms in boxes 12a through 12d, codes, D, E, F, G, H and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS from 1040 – line 28 + line 32 OR 1040A – line 17.	\$
\$	Child support received for all children. Do NOT 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).	\$
\$	Untaxed portions of pensions from IRS form 1040 – lines (16a minus 16b) OR 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter 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).	\$
\$	Veteran's 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, such as workers' compensation, disability, etc. 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.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$
\$	TOTAL	\$

NOTE: This worksheet **must** be signed. If you are a dependent student (see front of sheet), at least one parent must sign. By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct to the best of my (our) knowledge. Warning: This information is reported to the federal government by CCS. If you knowingly give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student Signature: _____ Date: _____

Parent /Spouse Signature: _____ Date: _____