

**ARAPAHOE COMMUNITY COLLEGE  
2009-2010 INDEPENDENT STUDENT VERIFICATION WORKSHEET**

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Please print SID or SSN in black or blue ink

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Please print DOB in black or blue ink

**Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Verification is the process where your school's financial aid office will compare the information on this worksheet with the information you reported on your FAFSA application. **Make certain your (student) name and SID/SSN are on every page of documentation.**

**Student/Spouse Information – Complete Below**

List below the people you (and your spouse) will provide support to between July 1, 2009 and June 30, 2010. Include the following:

- Yourself (STUDENT) and your spouse if you have one,
- Your dependent children, who are generally those born after January 1, 1986 and unmarried. You may also include those dependent children if you are required to provide parental data when they apply for financial aid.
- 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.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING between July 1, 2009 and June 30, 2010. Must be enrolled for 6 credits or more & working on an eligible degree or certificate.
STUDENT (do not list yourself again)		SELF	

**Student/Spouse 2008 Income** If you are married, you must complete BOTH columns below – Be sure to answer each question!

STUDENT	SPOUSE (if applicable)
<p>1. ___ I <b>have filed</b> or will file a 2008 federal tax form. Attach a <b>SIGNED</b> copy of tax forms, and complete additional information on the back of this document.</p>	<p>1. ___ I <b>have filed</b> or will file a 2008 federal tax form. Attach a <b>SIGNED</b> copy of tax forms, and complete additional information on the back of this document.</p>
<p>2. ___ I am <b>not required to file</b> a 2008 federal tax form. List below all employers and amounts of income from work that you received in 2008. Complete additional information on the back of this document. Attach copies of your W2's. If you had no earnings from work, please indicate 'NONE'.</p>	<p>2. ___ I am <b>not required to file</b> a 2008 federal tax form. List below all employers and amounts of income from work that you received in 2008. Complete additional information on the back of this document. Attach copies of your W2's. If you had no earnings from work, please indicate 'NONE'.</p>
<p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p>	<p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p> <p>_____ \$ _____ Employer Amount</p>

Name: \_\_\_\_\_

SID/SSN \_\_\_\_\_

Student (& Spouse)	<b>Calendar Year 2008 Additional Information</b>
\$	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-employment SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040---line 28 +32 OR 1040A--- line 17.
\$	Child support you 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 portion 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 portion 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).
\$	Veteran's non-education benefits such as disability, death pension, or dependency and indemnity compensation (DIC) and/or VA Educational work-study allowances.
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. <b>Don't include</b> 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 <b>received</b> , or paid on your behalf (e.g. bills), not reported elsewhere on the form.
	<b>Total Amount</b>

By signing this document, I certify that all the information reported on **both sides** is complete and correct.

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

\_\_\_\_\_  
Date

WARNING: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.