



FEDERAL STUDENT ASSISTANCE
VERIFICATION WORKSHEET

Student "My Tri-C" ID number: S [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Student LAST name (one letter or dash or space per box) [ ]
Student FIRST name [ ]
MI [ ] [ ]

A. Household Information

To complete this form, read the statements below and check the boxes that apply to your situation.

- You were born before January 1, 1986.
As of today you are married, or you are separated and not divorced.
You have children who will receive more than half of their support from you between July 1, 2009 and June 30, 2010.
You have dependents other than your children/spouse who live with you and who receive more than half of their support from you, now and through June 30, 2010.
At age 13 or older you met one of the following criteria:
Both of your parents were deceased.
You were in foster care or were a dependent/ward of the court. If you marked this box, provide documentation that verifies your status.
You are an emancipated minor, as determined by a court in your legal state of residence. If you marked this box, please provide documentation that verifies your status.
At any time on or after July 1, 2008 did one of the following agencies determine that you were an unaccompanied youth who was homeless or that you were an unaccompanied youth or self-supporting and at risk of being homeless.

Unaccompanied youth means that you were not living in the physical custody of your parent or legal guardian and you are 21 years of age or younger as of the day you sign this application. Homeless means that you lacked fixed, regular housing, which includes living in shelters, motels or cars, or temporarily lived with other people because you had nowhere else to go.

- The high school or school district homeless liaison at the school you attended. If you marked this box, please provide a copy of the determination of your status from your high school or school district liaison.
The director of an emergency shelter program funded by the U.S. Department of Housing and Urban Development. If you marked this box, please provide a copy of the determination of your status from the emergency shelter.
The director of a runaway or homeless youth basic center or transitional living program. If you marked this box, please provide a copy of the determination of your status from the youth center or transitional living program.
You are a veteran of the U.S. Armed Forces.
You are currently serving on Active Duty in the U.S. Armed Forces for purposes other than training.

If you were unable to check any of the statements above, you will be considered a dependent student and will only include on this form people who your parents/step-parents will support.

If you checked at least one of the statements above, you will be considered an independent student and will only include on this form people who you or your spouse will support.





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YOU MUST WRITE YOUR ID NUMBER AND NAME ON THIS PAGE, EXACTLY AS YOU WROTE IT ON THE PREVIOUS PAGE:

Student "My Tri-C" ID number: S

Student **LAST** name (one letter or dash or space per box)                      Student **FIRST** name                      MI

**D. Student/Spouse and Parent - Sources of Annual Untaxed Income**

**DO NOT LEAVE AMOUNT BOXES BLANK.** Enter "0" or "N/A" in the amount column if no income was received.

List all untaxed income received for the household during 2008. If you did not receive income from working in 2008 and you did not receive income from any of the sources listed in the table below, please detail in section H (Other) how you paid for living expenses in 2008, such as rent, food, and utilities.

Sources of Annual Income for 2008	Student/Spouse	Parent/StepParent(s)
a. Child Support <i>Received</i> (enter <i>annual</i> amounts in the boxes, and below the name(s) of children for whom support was received): _____	\$ _____	\$ _____
b. Child Support <i>Paid</i> (enter <i>annual</i> amounts in the boxes, and below the name(s) of children for whom support was paid): _____	\$ _____	\$ _____
c. Federal Work-Study Earnings (enter name of college/university where funds were earned): _____	\$ _____	\$ _____
d. Payments to tax-deferred pensions and savings plans (such as 401k/403b) as reported on your W-2 Statement.	\$ _____	\$ _____
e. Workman's Compensation and/or Disability Compensation	\$ _____	\$ _____
f. Combat pay or special combat pay. Only enter the amount that was taxable and included in adjusted gross income. Do not enter untaxed combat pay that reported on your W-2 Statement (Box 12, Code Q).	\$ _____	\$ _____
g. Cash Support from relative or friend (describe source(s) here): _____	\$ _____	\$ _____
h. Other: _____ _____ _____ _____	\$ _____	\$ _____

**E. Sign This Worksheet**

By signing this worksheet, I/We certify that all information reported is complete and accurate. If I/we purposely give false or misleading information on this worksheet, I/we may be fined, be sentenced to jail, or both.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse Signature (required if spouse did not file a tax return): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature (required if student is a dependent): \_\_\_\_\_ Date: \_\_\_\_\_

