

2008-2009 Verification Worksheet

Federal Student Aid Programs

Please fill out sections A, B and C, and then fill out the back of form. Sign and date the form and return to the Financial Aid Office.

A. Student Information

| | | |
|--------------------------|------------|-----|
| Last Name | First Name | MI |
| Address (include apt. #) | | |
| City | State | Zip |

| |
|---------------|
| HCC ID Number |
| Date of Birth |
| Phone Number |
| Email Address |

B. Family Information

Independent: In the box below, list the people in your household. Include (a) yourself, and your spouse if married; (b) your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009, and (c) 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, 2008 through June 30, 2009.

Dependent: In the box below list the people in your parents' household. Include (a) yourself, and your parent (s) (including stepparent) even if you do not live with your parents; (b) your parents' other children, even if they do not live with your parent (s) **if (1)** your parents provide more than half of their support from July 1, 2008 through June 30, 2009, or **(2)** the children would be required to provide parental information when applying for Federal student aid; and (c) other people if they now live with your parents, and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2008 through June 30, 2009.

Please list the names of ALL household members:

| Full Name | Age | Relationship | Attending College 6 credits or more? ** |
|-------------------------------|-----------|--------------|--|
| <i>(example) Martha Jones</i> | <i>24</i> | <i>wife</i> | <i>City University</i> |
| | | Self | |
| | | | |
| | | | |
| | | | |
| | | | |

**List College if any family member is attending.

C. Untaxed Income Information (all applicants)

Check the Box(es) for those people in your household who are not required to file a 2007 Federal Income Tax Return. Those people must provide copies of their W-2 forms and/or other earnings statements if available.

- You
 Your Spouse
 Your Father
 Your Mother

PLEASE FILL OUT BACK OF FORM

Please fill out using Annual Amounts for 2007. If there are no amounts, please enter -0-.

| Student/Spouse | | Parents |
|----------------|--|---------|
| \$ | 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 as reported in question 90 (or 66 for your parents), that were not taxed (such as SSI). Report benefits paid to parents in the parent's column, and benefits paid directly to student (or spouse) in the Student/Spouse column. | \$ |
| | | |
| \$ | Child Support received for all children. Don't include foster care or adoption payments. | \$ |
| \$ | 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 such as Workers' Compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in Adjusted Gross Income. 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. | XXXXXX |
| | | |
| \$ | Child support paid because of divorce or separation or as a result of a legal requirement. | \$ |
| \$ | Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portion 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. | \$ |

If you are a dependent student, at least one parent must sign.

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. I understand that if I (we) purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student

Date

Parent's/Stepparent's Signature

Date