

Education for your future. Sisterhood for life.

#### Office of Financial Aid 2018-2019 Standard Verification Worksheet V1

Please return this form along with required documents via email (financial\_aid@bennett.edu), fax (336-517-2204) or mail to Bennett College Office of Financial Aid, 900 East Washington St., Greensboro, NC 27401. It is the student's responsibility to make sure all documentation is received by the Office of Financial Aid. Once documentation is received the Office of Financial Aid will compare information from your application (FAFSA) with this worksheet and your IRS Data. If there are differences between your application and the documents submitted, corrections may need to be transmitted to the federal processor. Financial Aid will not be awarded until the verification process is complete.

### WHAT YOU SHOULD DO:

- 1. We strongly encourage you (and your parents or spouse) to use the IRS Data Retrieval Tool on your FAFSA to transfer federal tax information directly from the IRS to your FAFSA. If you choose not to use the IRS Data Retrieval Tool or are not eligible to use the IRS Data Retrieval Tool you MUST submit a Federal Tax Transcript. To request a free transcript of your Federal tax return from the IRS, go to www.irs.gov or call 1-800-908-9946.
- Complete all sections of this worksheet and provide the required signatures. **Do not leave any sections blank.**
- 3. You are considered dependent if you were required to provide parental information on your FAFSA.

## A. STUDENT INFORMATION

Address (include apt. no.)		Date of Birth	
State	Zip Code	Phone Number (include area code)	
		State Zip Code	

pare FAFSA.

### Check One:

# DEPENDENT STUDENT

List the people in your household excluding foster children. Include: (a) yourself, (b) your parent(s) (including stepparent) you used on the FAFSA (c) your parents' other children, (d) other people, IF your parents will provide more than half of their support from July 1, 2018 through June 30, 2019.

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, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. Attach additional sheets if necessary.

### ☐ INDEPENDENT STUDENT

List the people in your household, excluding foster children. Include: (a) yourself, (b) your spouse, if married (c) your children, (d) other people, **IF** you or your spouse will provide more than half of their support from July 1, 2018 through June 30, 2019.

Also write in the name of the college for any household member who will be attending at least half time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. Attach additional sheets if necessary.

Full Name	Age	Relationship	College
		Self	Bennett College
			(%)
			- 13
			1.0





Education for your future. Sisterhood for life.

for your ruture: Disternood for	iiic.		
C. TAX FORMS AND INCOM	E INFORMATION (all applicar	<mark>nts)</mark>	
Tax filers, if you did not use t	the IRS Data Retrieval Tool or	were not eligible to use	it. YOU must include a copy
	Transcript and all 2016 W-2 for		
,	attaching a <b>student</b> Federal Ta		
☐ Check here if you are	attaching your parent(s) Feder	ral Tax Transcript.	
☐ Check here if you will	I not file and are not required	to file a 2016 U.S. Income	Tax Return.
· -	rent(s) will not file and are not		
·	t required, to file a 2016 U.S. I		
D. NON-TAX FILER INFORMA	• •	•	
f you, the student, or your pare	ent(s) did not and are not requir	ed to file a 2016 U.S. Inco	ome Tax Return complete the
	2016 W-2 forms. In addition,		
1506-T to the IRS.			
Income Source (s)	Student/Spouse		Parent(s) Amount
	\$	\$	
	\$	\$	
E. UNTAXED INCOME - Both Sources of Untaxed Income	tax filers and non-tax filers mus		Doront/o)
Child support received	\$		Parent(s)
Norkman's Compensation	\$	\$ \$	
Money Received or paid on your behalf	,	\$	
Other:	\$	\$	
	T V	1 +	
F. OTHER FINANCIAL INFOR	MATION		
			4 0 1 11111
	if someone in the student's hous		
•	or SNAP (formerly known as <u>fo</u>	od stamps) any time dur	ing the 2016 or 2017 calendar
years.			
One of the persons lis	sted in <u>Section B</u> of this worksh	neet received SNAP benefi	ts. Include a copy of the letter
- I	t agency stating your eligibility f		
·			
2. Complete this section	if you, your spouse (if married)	or parents (if dependent)	paid child support in 2016 and
provide official docum	nentation of the amount that was	paid.	
Do not	include support paid for childre	n listed in Section B of this	s form.
Name of Person Who Paid Child	Name of Person to Whom Child	Name of Child for Whom	Amount of Child Support Paid in
Support	Support Was Received	Support Was Paid	2016
			\$

# **G. SIGN THIS WORKSHEET**

Each person signing this form certifies that all the information reported on it is complete and correct. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature Date Parent Signature (If student is dependent) Date



\$ \$ \$