

DEPENDENT STUDENT 2014-2015 VERIFICATION WORKSHEET FEDERAL STUDENT AID PROGRAMS

EF ID No.: Birth Date: MM/DD/YY								
Legal Name:								
Last		First]	Middle (complete)	Jr., etc.			
Mailing								
Address: Street/P.O. Box			City	Stat	e Zip Code			
Telephone No.:		Email:	City	Cuit	Zip Gode			
B. Family Information								
List the people in your parents' household. Yourself and your parent(s) (including Your parents' other children even if the support from July 1, 2014, through July applying for Federal Student Aid, and Other people if they now live with your provide more than half of their suppose. Write the names of all household members who will be attending college at least half-time.	s stepparer ney do not ne 30, 201 ur parents rt from Ju s. Also wri ime betwe	the their the name of the reside with your parts, and your parents puly 1, 2014, through the in the name of the ren July 1, 2014, and	ot reside with your parent(s), if (a) your parent would be required brovide more than I June 30, 2015.	arents, and rents will provide more t to provide parental inform half of their support and w usehold member, excludir	nation when rill continue to ng your parent(s)			
certificate program. If you need more spac	e, attach a	separate page.						
Full Name	DOB	Relationship		College				
Missy Jones (example)	MM/YY	Sister	Cent	Central University				
		Self						
		<u> </u>	I					
C. Tax Forms and Income Information	1			1	Dependent Stude			
Check the box for those people (you ar	nd vour pa	erent(s) listed on this	form) who filed a 2	2013 U.S. Federal Income	Tax Return.			
☐ You) - 1	Pare:	ŕ		ent 2			
_	do	_						
 Check the box for those people (you a Federal Income Tax return. List belowages earned in 2013. W-2s must b 	w the em	ployer(s) for these	people who did no	t and are not required to				
☐ You		☐ Pare	nt 1	Pare	ent 2			
Name of Employees Who Did NOT and Are NOT Required to File		Name of Employer		Amount Earned in 2013				

Child support received for all children. Don't include foster care or adoption payments. 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 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Other untaxed income not reported, such as workers' compensation, disability, etc. Don't 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. Identify sources below: Taxable earnings from Federal Work-Study, Co-op Education, or other need-based employment programs. Attach W2(s). D. Sign this worksheet By signing this worksheet, we certify that all the information reported on it is complete and correct. At least one purpose misleading information mation.	CF ID No.:	-				
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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 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S. Other untaxed income not reported, such as workers' compensation, disability, etc. Don't 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. Identify sources below: Taxable earnings from Federal Work-Study, Co-op Education, or other need-based employment programs. Attach W2(s). D. Sign this worksheet By signing this worksheet, we certify that all the information reported on it is complete and correct. At least one possible signature Warning: If you purpos misleading information	Calendar Year 2013			Student	Parent(s)	
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D. Sign this worksheet By signing this worksheet, we certify that all the information reported on it is complete and correct. At least one particular signature Student Signature Date: MM/DD/YY Warning: If you purpose misleading information	Other untaxed income not repo Don't include student aid, earn Social Security benefits, Suppler benefits, combat pay, benefits fr	ed income credit, additional child tax credit, nental Security Income, Workforce Investm rom flexible spending arrangements (e.g., cal	, welfare payments, untaxed ent Act educational feteria plans), foreign			
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Student Signature Date: MM/DD/YY misleading information		ertify that all the information reported on it	is complete and correct. At	least one parent	must sign.	
	Student Signature	Date: MM/DD/YY	misleading info	Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.		
Parent Signature Date: MM/DD/YY	Parent Signature	Date: MM/DD/YY				