

**RED ROCKS COMMUNITY COLLEGE  
2008-2009 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 (the student's) 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, 2008 and June 30, 2009. Include the following:

- Yourself and your spouse if you have one,
- Your dependent children -- generally those children who were born after January 1, 1985, and are unmarried. They may also be included if they would be required to use parental data when applying 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, 2008 through June 30, 2009.

| FULL NAME                            | AGE | RELATIONSHIP TO STUDENT | COLLEGE ATTENDING between July 1, 2008 and June 30, 2009. Must be ½ time & working on an eligible degree or certificate. |
|--------------------------------------|-----|-------------------------|--|
| STUDENT (do not list yourself again) |     | SELF                    |  |
|                                      |     |                         |  |
|                                      |     |                         |  |
|                                      |     |                         |  |
|                                      |     |                         |  |
|                                      |     |                         |  |
|                                      |     |                         |  |

**Student/Spouse 2007 Income** If you are married, you must complete BOTH columns below – Be sure to answer each question!

| STUDENT   | SPOUSE (if applicable)  |
|---|---|
| <p>1. ____ <b>I have filed</b> or will file a 2007 federal tax form. Attach a <b>SIGNED</b> copy of tax forms, and complete Worksheets A &amp; B on back.</p>   | <p>1. ____ <b>I have filed</b> or will file a 2007 federal tax form. Attach a <b>SIGNED</b> copy of tax forms, and complete Worksheets A &amp; B on back.</p>   |
| <p>2. ____ I am <b>not required to file</b> a 2007 federal tax form. List below all employers and amounts of income from work that you received in 2007. Complete Worksheets A &amp; B on back. 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 2007 federal tax form. List below all employers and amounts of income from work that you received in 2007. Complete Worksheets A &amp; B on back. Attach copies of your W2's. If you had no earnings from work, please indicate 'NONE'.</p> |
| <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p>   | <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p> <p>____ \$ _____<br/>Employer Amount</p>   |

® ® ® ® ® Complete worksheets on back and sign!

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

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

| Student (& Spouse) | <b>Worksheet A – Calendar Year 2007</b>  |
|--------------------|--|
| \$                 | Earned income credit from IRS Form 1040 - line 66a; 1040A - line 40a; 1040EZ - line 8a.  |
| \$                 | Additional child tax credit from IRS Form 1040 - line 68 or 1040A - line 41.   |
| \$                 | 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 FAFSA question 90 that were not taxed (such as SSI). |
| \$                 | TOTAL WORKSHEET A – If zero, please enter '0'  |

**Worksheet B – Calendar Year 2007**

|    |   |
|----|---|
| \$ | 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.   |
| \$ | IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 - line 28 + line 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.   |
| \$ | Foreign income exclusion from IRS Form 2555 - line 45 or 2555EZ - line 18.  |
| \$ | Untaxed portions 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 portions of pensions from IRS Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.  |
| \$ | Credit for federal tax on special fuels from IRS Form 4136 - line 17 (non-farmers only).  |
| \$ | Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).  |
| \$ | 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 on Worksheets A and B, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in AGI (FAFSA question 35). 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 <b>received</b> , or paid on your behalf (e.g. bills), not reported elsewhere on this form  |
| \$ | TOTAL WORKSHEET B – If zero, please enter '0'   |

By signing this worksheet, I certify that all the information reported on **both sides** of this form 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.