Financial Aid Office 115-090 Campus Box 4 13300 W. 6th Ave. Lakewood, CO 80228-1255 Phone: 303-914-6256 Fax: 303-914-6805 Email: finaid@rrcc.edu

www.rrcc.edu/finaid



OFFICE USE ONLY:
Continuing Staff Mambay Signature / Data
Certifying Staff Member Signature/Date

2013 -2014 INDEPENDENT STUDENT VERIFICATION WORKSHEET #5

Verification is the process by which your school's Financial Aid Office will compare the information on this worksheet with the information you reported on your FAFSA.

Make certain your (student) name and # are on all pages. For items that do not apply, please mark N/A or enter a zero.

	THIS FORM MUST BE EITHER NOTARIZED OR COMPLETED IN THE PRESENCE OF A FINANCIAL AID OFFICE	R.
--	---	------

Student Name:			Phon	ie Number:		
Student ID: <u>S#</u>		CCCS EMAIL:				
SECTION 1: Student/Spous List below the people in your household • Yourself (STUDENT) and your spouse if you • Your dependent children (generally those be through June 30, 2014. Include those dep • Other people if they now live with you and through June 30, 2014.	. If more space is a lare married, forn after January 1, 1 endent children for wh	needed, attach 989, and who are nom you are requ	a separate unmarried) ired to provide	if you will provide more de parental data when th	than ney ap	half of their support
FULL NAME	AGE*	RELATIO TO STU		June 30, 2014. M	ust be	etween July 1, 2013, and e enrolled for 6 or more degree or certificate.
STUDENT		SEL	F	Red Rocks Community College		
*If you included anyone in your househbelow. You must answer the following of 1. The individual's name AND 2. Why the	questions for each o	of those individ	uals. Includ	de an additional page	if re	quired.
In 2011 OR 2012, did you or anyono Please check all that apply:	e in your househo	ld receive be	nefits from	any of the federal	ben	efits programs?
☐ Supplemental Security Income	I	☐ Free or Red	luced Price	School Lunch		Food Stamps (SNAP)
$\hfill \Box$ Temporary Assistance for Needy Fa	milies (TANF)	Low Incom	e Housing o	or Section 8 Housing		WIC
Complete this section if you or y	vour spouse (if r	married) naic	l child sur	nnort in 2012		
Name of Person	your spouse (ii i	narrica) pare		lame of Person		
Who Paid				to Whom		Amount of Child
Child Support	Name of	Child	Child	Support was Paid		Support Paid in 2012

Student Name: S	Student ID: <u>S</u>
-----------------	----------------------

Section 2: Student/Spouse 2012 Income: Please read instructions carefully.

If married, complete spouse column. If you and/or your spouse filed a Federal income tax return, you MUST either give the IRS permission to relay that tax information directly to FAFSA through use of the IRS Data Retrieval Tool that is part of the FAFSA. You can also submit the 2012 IRS tax return transcripts to RRCC's Financial Aid Office. To obtain an IRS tax return transcript, go to www.IRS.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Be sure to order the IRS tax "return" transcript. We cannot accept a paper copy of your 2012 tax return (the form submitted directly to the IRS.) If you were married at the time you completed the 2012-2013 FAFSA but did not file a joint Federal Income tax return with your spouse, you must submit both your 2012 IRS tax return transcript and your spouse's 2012 IRS tax return transcript.

STUDEN	IT	SPOUSE (if	f married)	
1 I have filed or will file a 2012 Federal Income Tax return.		1 I have filed or will file a 2012 Federal Income Tax return.		
(If you checked #1, you do not need to comple	ete #2)	(If you checked #1, you do not need to cor	mplete #2)	
 I am not required to file a 2012 Federal Income Tax return. If you had earnings: List all employers and amounts of income earned from work in 2012. Provide 2012 W2's If you had no earnings from work, please indicate 'NONE'. 		 I am not required to file a 2012 Federal Income Tax return. If you had earnings: List all employers and amounts of income earned from work in 2012. Provide 2012 W2's If you had no earnings from work, please indicate 'NONE'. 		
	√ <u>W2 attached</u>		√ <u>W2 attached</u>	
Employer	Amount	Employer	Amount \$	
Employer	Amount _ \$	Employer	Amount \$	
Employer	Amount	Employer	Amount	

Section 3: Additional Information - All lines must include an amount or "0"

STUDENT/SPOUSE	Calendar Year 2012 - Additional Information
Yearly Total RECEIVED	Child support you and/or your spouse received for all children. Do not include foster care or adoption payments.
\$	Child's name:
\$	Child's name:
\$	Child's name:
\$	Other untaxed income such as worker's compensation, disability, etc.
	Don't include student aid, welfare payments, social security income or benefits.
\$	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 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S.
\$	
	First Time Homebuyer Credit - (IRS form 1040 - Line 59b)
\$	
	Other untaxed income not reported elsewhere, such as money received , or paid on your behalf (e.g. bills).

Special Information

your household income (untaxed plus taxable income) was low for a family of your size and you did not receive any of the benefits or ssistance listed near the bottom of the first page, please explain how your family met household expenses and provide an annual dollar amoun	١t
f assistance received. If someone pays expenses on your behalf, please indicate the specific dollar amount they pay annually. Attach an additional	
age if needed.	

^{**}THIS FORM MUST BE EITHER NOTARIZED OR COMPLETED IN THE PRESENCE OF A FINANCIAL AID OFFICER.**

Student Name:		Student ID: <u>S</u>	
Section 4: Proof of Please include a copy of pleagree program. Acceptable	roof that you have con	npleted either a high school	degree, a GED, or a two-year college
High School DiplHigh School TraiGED Certificate		≰ Coll ≰ Oth	lege Transcript er
A. The student must a sign their Education	ppear in person at t nal Statement of Pur photo identification	he Office of Financial Aid pose and to present proc	of Educational Purpose at Red Rocks Community College to of of their identity by presenting a valid mited to, a driver's license, other
Type of ID presented:	ion Card		tary Identification Card er
B. In addition to prese the following:	nting an I.D., the st	udent must sign, in the p	oresence of the financial aid officer,
and that the federal stude	ent financial assistanc	am the individual signir e I may receive will only be lege for the 2013-2014 scho	ng this Statement of Educational Purpose e used for educational purposes and to payool year.
Student Signature	annear in person a	Date	Aid at Red Rocks Community College,
then you must sign	this form in the pre		
State of			
City/County of			
On	, before me,		
(Date) personally appeared		(Notary's name)	_ and proved to me
	`	me of signer)	
on basis of satisfactory ev to be the above-named pe WITNESS my hand	erson who signed the f	(Type of government-i	issued photo ID provided)
(Nichow)	-:	My commission expir	
(Notary	signature)		(Date)
By signing this docume	nt, I certify that all	the information reported	on both sides is complete and correct.
Student Signature		Date	WARNING: If you purposefully enter false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.