

Mott Community College VERIFICATION WORKSHEET 2011-2012



Name _____ Mott ID #: _____
(PRINT) Last First Middle

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Soc. Sec No. (last 4 #s) XXX-XX-_____ Birth Date: _____ Gender: Male Female

Please Complete:

1. Have you/will you attend any other college or university between **July 1, 2011- June 30, 2012**? No Yes → If yes, complete the following:

Name of Institution(s)

Date(s) Attended

2. What is your high school completion status?

High School Diploma. →→ Name of high school graduated from: _____ City & State: _____
(must be completed) (must be completed)

GED Certificate.

Home Schooled.

None of the above. →→ To be eligible for financial aid, you must satisfactorily complete 6 credits of coursework that can go towards a degree or certificate at Mott or take the Ability To Benefit (ATB) test at Mott's Placement Testing Center.

3. Will you be receiving any other type of financial assistance? No Yes → If yes, list type and amount (Example: Mott Employee Sponsorship, NWLB, Scholarships, Loans, Michigan Rehabilitation, etc...): _____

Household Information:

List the people in *your household that you will provide **more than half** (51%) of their support from 7/1/11-6/30/12*, including:

- yourself and your spouse if you are married **AND** you live together (not separated or divorced);
- your **dependent children/stepchildren** if you (and/or your spouse) will provide **more than half** of their support from 7/1/11 – 6/30/12;
- other people if they **now** live with you **AND** you (and/or your spouse) provide **more than half** of their support **AND** you (and/or your spouse) will continue to provide **more than half** of their support from 7/1/11 – 6/30/12.

If you don't and will not provide more than half support from 7/1/11 - 6/30/12, DO NOT list the person in your household.

Provide the name, age, and relationship of all household members. Also provide the name of the college or university for any household member who will be attending **at least half time** (6 credit hours or more) between 7/1/11 and 6/30/12, in a degree, diploma, or certificate program. Attach a separate page, if more space is needed.

Full Name	Age	Relationship	Name of College or University
1 _____	_____	<u>Self</u>	<u>Mott Community College</u>
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____
7 _____	_____	_____	_____
8 _____	_____	_____	_____
9 _____	_____	_____	_____



2010 TAX FORMS AND INCOME INFORMATION:

Student's Income Information

1. What is your current marital status? Single Married/Remarried Separated Divorced/Widowed
2. Check only one box below and submit **signed** copies of your 2010 federal tax return. Tax returns include 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you don't have a copy, contact your tax preparer or the IRS at 1-800-829-1040 for a detailed tax transcript.
- I will submit a signed copy of my tax return & W-2 forms.
 I will submit a signed copy of my joint return & W-2 forms.
 I will submit my W-2 forms, but I will not submit a signed copy of my tax return because I chose to electronically transfer my tax information from the IRS database when I completed my FAFSA. Therefore, a copy of my tax return is not needed.
 I'm not required to file. Therefore, I will not file a 2010 tax return.
3. If you didn't file a 2010 tax return and you were not required to file, please answer the following:
Did you work in 2010? No Yes If yes, please submit copies of your W2 forms. If you don't have copies, contact the IRS at 1-800-829-1040 for your reported 2010 wage information.
4. Did you **PAY** child support in 2010?
 No
 Yes If yes, (1) Provide the amount paid \$ _____ (2) Name of child/children support paid for: _____

Spouse's Income Information →→ (Do not complete if separated or divorced from spouse)

1. Check only one box below and submit **signed** copies of your spouse's 2010 federal tax return. Tax returns include 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If they don't have a copy, contact their tax preparer or the IRS at 1-800-829-1040 for a detailed tax transcript.
- I will submit a signed copy of my spouse's tax return & W-2 forms.
 I will submit a signed copy of our joint return & W-2 forms.
 I will submit our W-2 forms, but I will not submit a signed copy of our tax return because I chose to electronically transfer our tax information from the IRS database when I completed my FAFSA. Therefore, a copy of our tax return is not needed.
 They're not required to file. Therefore, my spouse will not file a 2010 tax return.
2. If your spouse didn't file a 2010 tax return and your spouse was not required to file, please answer the following:
Did your spouse work in 2010? No Yes If yes, please submit copies of your spouse's W2 forms. If they don't have copies, contact the IRS at 1-800-829-1040 for their reported 2010 wage information.
3. Did your spouse **PAY** child support in 2010?
 No
 Yes If yes, (1) Provide the amount paid \$ _____ (2) Name of child/children support paid for: _____

Untaxed Income Received

List all sources of untaxed income you and your spouse **received** in 2010.

DO NOT LEAVE BLANK.

Sources of Untaxed Income	Amount Received in 2010	
	Student	Spouse
Child support received. List the child/children support received for: _____	\$	\$
Provide the amount of housing, food, and other living allowances paid to members of the military (BAS: Basic Allowance Subsistence), clergy, & others. Include cash payments & cash value of benefits. DON'T INCLUDE: FIA, FIP, military BAH (Basic Allowance Housing), or subsidized housing assistance.	\$	\$
Provide the amount of veterans' non-educational benefits (Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)) and/or VA Educational Work-Study allowances. DON'T INCLUDE: Chapters 30, 35, 1606, or 1607 benefit amounts.	\$	\$
List other source(s) of untaxed income (e.g. untaxed pension benefits, workers' compensation or disability benefits): _____ DON'T INCLUDE: Student financial aid, earned income credit (EIC), additional child tax credit, welfare payments (FIA, FIP), <u>untaxed</u> Social Security benefits, Supplemental Security Income (SSI), 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.	\$	\$
Money received or PAID on your behalf (e.g. bills), that is not reported elsewhere.	\$	\$

Signature Required

I agree to provide information that will be used to verify the accuracy of my FAFSA application. I understand that after reviewing my FAFSA application, additional information may be requested by the Student Financial Services office and I will submit the additional information in a timely manner. I, further, authorize the Student Financial Services office to make corrections to my FAFSA application, if necessary.

WARNING: If you purposely give false or misleading information on this verification form, you may be fined, sentenced to prison, or both.

Student Signature

Date