

2010-11 Dependent Verification Worksheet

Federal Student Aid Programs

Central Lakes College reviews all financial aid applications selected by the federal processor for "Verification". In this process, our office will be comparing information from your Free Application for Federal Student Aid (FAFSA) with signed copies of your 2009 Federal Income Tax Return and your parents'. Try to complete the verification forms as soon as possible, so that your financial aid won't be delayed. If there are differences between your FAFSA information and your financial documents, our office will process necessary corrections electronically. You also have the option to make an electronic correction on the web or send in corrections on your Student Aid Report (SAR). Please contact our office before making any corrections.

Your financial aid will not be processed until verification requirements are complete.

Our office must review the requested information, under the financial aid program rules (CFR Title 34, Part 668).

What you should do:

1. Collect your and/or your parents' 2009 Federal Income Tax Return (1040, 1040A or 1040EZ). If you do not have a copy of your income tax return, you can call the IRS at 1-800-829-1040. Be sure to request a "Tax Return Transcript" for the year 2009.
2. Talk to your financial aid administrator if you have questions about completing this worksheet.
3. Complete and sign the worksheet. Be sure one of your parents' signs also.
4. Be sure to mail, fax or bring in the completed worksheet and **signed** Federal Income Tax Return(s) to our office.
5. Our office will make any necessary corrections electronically.

<i>Last name</i>	<i>First name</i>	<i>MI</i>	<i>Student ID or Social Security number</i>
<i>Address (include apt. #)</i>			<i>Date of birth</i>
<i>City</i>	<i>State</i>	<i>Zip code</i>	<i>Phone number (include area code)</i>

Section A: Family Information

Read 1-4 to complete the chart below:

1. List parent(s) name, age and relationship to you for the parent(s) whose income information was used on the FAFSA.
2. List name, age and relationship to you of brother(s) and/or sister(s), who are supported more than 50% by parent(s). (If there are other siblings under 24, who do not live in your parent(s) household, please call the Financial Aid Office)
3. For others supported more than 50% by parent(s) and living in the parent(s) household, list name, age and relationship to you.
4. For anyone listed below who **will be** attending college for the 2010-11 (July 1, 2010 to June 30, 2011) school year, please list the college name.

Full Name	Age	Relationship	College (July 1, 2010 to June 30, 2011)

*******Turn over to complete Sections B, C, D and E on the back page.*******

Section B: Student's 2009 Federal Tax Forms or income earned

1. Did you file a 2009 Federal Income Tax Return? ____ Yes ____ No

If you answered "Yes", you will need to attach a **signed** copy of the 2009 Federal Income Tax Return filed (which includes the 2009 IRS Form 1040, 1040A or 1040EZ Tax Record).

Note: Per Federal regulations Tax Form 8453, 8878 and 8879 are not valid forms for this purpose.

If you answered "No" will not file a 2009 Federal Income Tax Return, please list your employer(s) and any income earned in 2009. Use W-2(s) or other earnings statements(s).

Employer Name	Total for 2009	Employer Name	Total for 2009

Section C: Parent(s)' 2009 Federal Tax Return or income earned

1. Did your parent(s) file a 2009 Federal Income Tax Return? ____ Yes ____ No

If you answered "Yes", please attach a **signed** copy of your parent(s) 2009 Federal Income Tax Return (which includes the 2009 IRS Form 1040, 1040A or 1040EZ Tax Record).

Note: Per Federal regulations Tax Form 8453, 8878 and 8879 are not valid forms for this purpose.

If your parent(s) will not file a 2009 Federal Income Tax Return, please list their employer(s) and any income received in 2009. Use W-2(s) or other earnings statements(s).

Employer Name	Total for 2009	Employer Name	Total for 2009

2. In the Year 2008 or 2009, did you receive any help from Food Stamps, WIC or Free/Reduced meals program? ____ Yes ____ No

Section D: Untaxed Income

***** Please enter zero for any item that does not apply to the student or parent(s). *****

Student	Report Annual 2009 Amounts	Parent
	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 Boxes 12a through 12d, codes D, E, F, G, H and S	
	Child support received for all children. Don't include foster care or adoption payments.	
	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits)	
	Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	
	Other untaxed income not reported elsewhere, such as workers' compensation, disability, etc. Do not include student aid, Social Security benefits, 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), not reported elsewhere on this form	XXXXXXXXXX

Section E: By signing this worksheet, we certify that all the information reported to qualify for federal and/or state student aid is complete and correct.

Student's Signature

Today's Date

Parent's Signature

Today's Date

Warning: If you intentionally give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Return to: Financial Aid Office, Central Lakes College, 501 West College Drive, Brainerd, MN 56401

CLC is committed to a policy of nondiscrimination in employment and education opportunity. No person shall be discriminated against in the terms and conditions of employment, personnel practices, or access to and participation in, programs, services, and activities with regard to race, sex, color, creed, religion, age, national origin, disability, marital status, status with regard to public assistance, sexual orientation, or membership or activity in a local commission as defined by law. This information is available in alternative format upon a 48-hour advance request by contacting Disability Services at 800-933-0346, ext. 8175. Minnesota Relay Service: 800-627-3529 or 612-297-5353.