**2018-2019 VERIFICATION WORKSHEET for FEDERAL PELL GRANT**

Ben Franklin Career Center

The U.S. Department of Education has selected your file for “Verification” – **the financial aid office must compare information from your FAFSA with this completed worksheet and a 2016 IRS Tax Transcript (available at** [**www.irs.gov**](http://www.irs.gov)**) if you did NOT use the IRS Data Retrieval Tool when you completed your FAFSA.** **You CAN update your FAFSA through the FAFSA.ED.GOV “corrections” section and use the IRS Data Retrieval Tool instead of requesting a paper Tax Transcript.**

Other financial documents may be requested. If you are married NOW but were not when you filed your taxes, you must submit your spouse’s 2016 IRS Tax Transcript. If you are considered a “Dependent” student, you must submit your own AND your parent(s) 2016 IRS Tax Transcript. COPIES of 2016 IRS Tax Returns are NOT acceptable.

**STUDENT INFORMATION**

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc Sec #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number(s) home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD INFORMATION**

**\_\_\_ Dependent Student** – List the people in your parent’s household for whom they will provide more than ½ of their support between 7-1-2018 and 6-30-2019. Include YOURSELF even if you do not live with your parents.

**\_\_\_ Independent Student** – List the people in your household. Include yourself, your spouse (if married) and children if you provide more than ½ of their support. ***DO NOT include people you live with that you do not support***.

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| **Full Name** | **Age** | **Relationship to student** | **College Attending** |
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**IRS TAX TRANSCRIPTS and INCOME EARNED FROM WORK INFORMATION**

For all tax filers whose financial information was (or should have been) reported on the FAFSA, provide 2016 IRS TAX TRANSCRIPTS – indicate below if a 2016 Tax Return was filed – 2016 IRS TAX TRANSCRIPTS may be obtained on line at [www.irs.gov](http://www.irs.gov), or in person at your local IRS Office.

YOU yes no Your SPOUSE yes no Your MOTHER yes no Your FATHER yes no

***NOTE: if a tax return should have been filed, verification will NOT be complete until the tax return IS filed.***

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| **IF your filing status is...** | **AND at the end of 2016 you  were...\*** | **THEN file a return if your gross income was at least...\*\*** | |
| **single** | **under 65** | **$10,350** |  |
|  | **65 or older** | **$11,900** |  |
| **married filing jointly\*\*\*** | **under 65 (both spouses)** | **$20,700** |  |
|  | **65 or older (one spouse)** | **$21,950** |  |
|  | **65 or older (both spouses)** | **$23,200** |  |
| **married filing separately** | **any age** | **$4,050** |  |
| **head of household** | **under 65** | **$13,350** |  |
|  | **65 or older** | **$14,900** |  |
| **qualifying widow(er) with dependent child** | **under 65** | **$16,650** |  |
| **65 or older** | **$17,900** |  |

***PLEASE NOTE THAT NO AID WILL BE CONFIRMED, AWARDED, OR DISBURSED UNTIL THE VERIFICATION PROCESS HAS BEEN COMPLETED.***

***STUDENTS MAY BE REQUIRED TO PAY FOR THEIR COURSE COSTS UNTIL FINANCIAL AID BECOMES AVAILABLE.***

If you (your spouse, mother or father) were employed in 2016 but did NOT file a tax return, complete the information and provide documentation (W-2’s or other earnings statements and a 2016 IRS Non-Filer’s confirmation).

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| **Name of Employer** | **Student Amount** | **Parent or Spouse Amount** |
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**SIGNATURES**

**By signing this worksheet, the undersigned certify that all the information reported is complete and accurate.**

**Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**STUDENT MUST complete the section below ONLY IF CHECKED \_\_\_\_\_**

High School Completion Status – your signature confirms that you submitted a valid HS diploma, GED, or TASC scores upon registration for classes at (SCHOOL).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_

**Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at (SCHOOL) to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending (SCHOOL) for 2018-2019.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date) (Student’s Soc. Sec. #)

Type of government-issued photo ID provided:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Accepted by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date\_\_\_\_\_\_\_\_\_\_\_\_\_