

Lamar Community College- Financial Aid Office
 2009-2010 DEPENDENT 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 (student) name and SID/SSN are on every page of documentation.**

Student/Parent(s) Information – Complete Below

List below the people your parent(s) will provide support to between July 1, 2009 and June 30, 2010. Include the following:

- Yourself (STUDENT)
- Your Parent(s)
- Your parents' dependent children, who are generally those born after January 1, 1986 and unmarried. You may also include those dependent children for whom they are required to provide parental data when they apply for financial aid.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE ATTENDING between July 1, 2009 and June 30, 2010. Must be enrolled for 6 credits or more & working on an eligible degree or certificate.
STUDENT (do not list yourself again)		SELF	

Student/Parent(s) 2008 Income You must complete BOTH columns below – Be sure to answer each question!

STUDENT (1 or 2)	PARENT(S) (1 or 2)																																				
1. ____ I have filed or will file a 2008 federal tax form. Attach a SIGNED copy of federal tax forms, and complete additional information on the back of this document.	1. ____ I have filed or will file a 2008 federal tax form. Attach a SIGNED copy of federal tax forms, and complete additional information on the back of this document.																																				
or	or																																				
2. ____ I am not required to file a 2008 federal tax form. <ul style="list-style-type: none"> • If you <u>had earnings</u>: List below all employers and amounts of income from work that you received in 2008. Complete additional information on the back of this document. Attach copies of your W2's. • If you <u>had no earnings</u> from work, please indicate 'NONE'. 	2. ____ I am not required to file a 2008 federal tax form. <ul style="list-style-type: none"> • If you <u>had earnings</u>: List below all employers and amounts of income from work that you received in 2008. Complete additional information on the back of this document. Attach copies of your W2's. • If you <u>had no earnings</u> from work, please indicate 'NONE'. 																																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 10%; border: none;">\$ _____</td> <td style="width: 30%; border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> </table>	_____	\$ _____		Employer	Amount		_____	\$ _____		Employer	Amount		_____	\$ _____		Employer	Amount		<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">_____</td> <td style="width: 10%; border: none;">\$ _____</td> <td style="width: 30%; border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">\$ _____</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Employer</td> <td style="border: none;">Amount</td> <td style="border: none;"></td> </tr> </table>	_____	\$ _____		Employer	Amount		_____	\$ _____		Employer	Amount		_____	\$ _____		Employer	Amount	
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→ → → → → Complete Additional Information on the Back and Sign!

Name: _____

SID/SSN _____

Each block must have a number inside.

Student	Calendar Year 2008 Additional Information	Parent
\$	Child support you received for all children. Do not include foster care or adoption payments.	\$
\$	Untaxed Workman's Compensation	\$
\$	Untaxed Pensions	\$
\$	Other untaxed income not reported elsewhere, such as money received , or paid on your behalf (e.g. bills).	\$XXXXXXXXXXXXXXXXXXXXXXXXXXXX
\$	Total Amount	\$

By signing this document, I certify that all the information reported on **both sides** is complete and correct.

Student Signature

Date

Parent Signature

Date

WARNING: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.