

2.

3.

4.

## **Dependent Verification Worksheet** Dep - V1 2018-2019

Please read the entire form, complete ALL sections, attach the requested documentation, sign the form, and return to the Financial Aid Office. By law, Mesalands Community College has the right to request this information before awarding financial aid. If there are differences between the information submitted and your Free Application for Federal Student aid (FAFSA) the school will make the necessary changes. \*\* Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.

Dert 1	Student Information.				
Faltu I.	Student Information:	Last Name:	S	tudent ID:	
FIISL Main		Last Name.	3	ludent ID.	
Address:			D	ate of Birth:	
City, State	e, Zip:	P	Phone:		
	Student's Mesalands E-r	nail address:	·	@mesala	ands.edu
Part 2.	Student & Parent Tax Info	rmation:			
Comple	ting the FAFSA requires using ta	x information - ei			
system.	If the IRS Data Retrieval Option	was used and yo	ou made no changes to your	FAFSA move	to question
	nd/or your parents did not use th				odate the FA
•	ne IRS service now. After you co	•			
	nd/or your parents did not or cou				
	ial copy of <u>IRS tax return transcri</u>				
	<u>k return transcripts</u> may be order	ed by calling (800	)) 908-9946 or online at <u>wwv</u>	v.irs.gov. Oth	er tax forms
NOI De	accepted.				
STUDE	NT: Mark the line that best applies.	Follow the instruct	ions. Attach documents if req	uired.	
1.	Did the student file a 2016 federal tax	<u>x return?</u> YES	If "yes," go to 1.a.		
		NO	If "no," skip to que	estion 1.b.	
	1.a. Did the student use the IRS Data	- a Retrieval ontion t			
		to question 2 in th			
	NO If "no," <u>atta</u>		RS tax return transcript (see di	rections above)	and go to
	question 2	in the parents sect	ion.		
	1.b. Even if the student did not file a	tax return. did the	student work at all or earn any	income in 2016	6?
			nd attach all W2 forms.		
	NO If "no," go t	to parents section.			
	Name of any law is 0040		Total amount compatin 0040		h a 10
	Name of employers in 2016		Total amount earned in 2016		
	1.		\$	Yes	No
	2.		\$	Yes	No
	3.		\$	Yes	No
		<b>E</b> . <b>H</b> . <b>H</b> . <b>H</b> . <b>H</b> .	A 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
PAREN	T(s): Mark the line that best applies	. Follow the Instruc	ctions. Attach documents if re	quirea.	
2.	Did the parent(s) file a 2016 federal ta	ax return? YES	If "yes," go to 2.a.		
		NO _	If "no," skip to que	estion 2.b.	
	2.a. Did the parent(s) use the IRS Da	ata Retrieval option	to complete or update the FAF	SA?	
	YES If "yes," go				
			<u>S tax return transcript</u> (see dir	ections above)	and go to Part
	2.b. Even if the parent(s) did not file	a tax return did the	a narent(s) work at all or earn a	ny income in 20	)162
			nd attach all W2 forms.		/101
	NO If "no," go t				
	· · ·		Tetel amount and the second		h a 10
	Name of employers in 2016		Total amount earned in 2016	Is W2 Attac	
	1.		\$	Yes	No

\$

\$

\$

Yes

Yes

Yes

No

No

No

## Part 3. Family Information:

List the persons in your parent's household in the chart below. Include the following:

- 1. Yourself, even if you don't live with your parents (i.e. living in an apartment, with friends, etc.).
- 2. Your parent(s) in the household, including your stepparent, if applicable.
- 3. Your parents' other children if your parents will provide more than half of the other children's' support from July 1, 2018 to June 30, 2019.
- 4. Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half their support from July 1, 2018 to June 30, 2019.

Also, identify the name of the college for any family member (except your parents) who will be attending college between July 1, 2018 and June 30, 2019 and will be <u>enrolled at least half-time</u> (6 or more credit hours) in a degree or certificate program. If you need more space add a separate page.

First and Last Name*	Age	Relationship	Name of College in 2018-2019**	Enrolled at least <sup>1</sup> / <sub>2</sub> time		
Example: Martha Jones	19	Sister	Fort Lewis	YES		
1. (Student):		SELF				
2.						
3.						
4.						
5.						
6.						
*Proof of financial support may be requested.						

\*\*Proof of at least half-time enrollment in 2018-2019 may be requested.

## YOU MUST SUBMIT THIS FORM IN-PERSON OR BY MAIL WITHIN TWO WEEKS. <u>E-MAIL AND FAXES WILL NOT BE ACCEPTED</u>.

Please return this form and all required attachments within two weeks. Your financial aid WILL NOT be finalized until all verification paperwork is complete.

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and accurate. (At least one parent must also sign.) Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature

Date

FINANCIAL AID OFFICE USE ONLY					
Signature of Financial Aid Staff Member:					
Date received all documents:					
Verification completed:					

Mesalands Community College Financial Aid Office 911 South Tenth St., Tucumcari, NM 88401 Phone: 575-461-4413, x136 Fax: 575-461-1901