

2015-2016 Verification Worksheet

Federal Student Aid Programs

INDEPENDENT V6: Household Resources

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at Goshen College will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

Last Name	First Name	M.I.		Goshen College ID #	
Address (include apt. #)		City	State	Zip Code	
Date of Birth	E-mail Address		Phon	Phone Number (include area code)	
requested. If the student wa student and the student's pa paid or received the same d	s required to provide parent(s) whose information older amount every mo	parental information on the F attion is on the FAFSA. To de bonth in 2014, multiply that an	AFSA answer each termine the correct nount by the number 1.	enter 0 in an area where an amounth question below as it applies to the annual amount for each item: If your of months in 2014 you paid or amounts you paid or received each	
Verification of Other	Untaxed Income	for 2015			
If any item does not apply, requested.	enter "N/A" for Not A	pplicable where a <u>response</u> i	s requested, or en	ter 0 in an area where an <u>amount</u> is	
Answer each question below	w as it applies to the st	eudent (and the student's spou	use, if married) wl	nose information is on the FAFSA	
	of months in 2014 you	a paid or received it. If you d		mount every month in 2014, multiplied the same amount each month in	
If more space is needed, pro	ovide a separate page v	with the student's name and I	ID number at the t	op.	
A. Child support re	ount of any child supp	ort received in 2014 for the cooption payments, or any amo		usehold. t-ordered but not actually paid.	
		Name of Child For Whom	Amount o	f Child Support	
Do not include for Name of	Adult Who the Support	Support Was Received	Received	un 2014	
Do not include for Name of			Received	un 2014	
Do not include for Name of Received B. Payments to tax-out List any payments (direction)	the Support leferred pension and ect or withheld from e	Support Was Received retirement savings arnings) to tax-deferred pensi	ion and retiremen	t savings plans (e.g., 401(k) or 403 12d with codes D, E, F, G, H, and	

C. Housing, food, and other living allowances paid to members of the military, clergy, and others Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2014

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. Veterans non-education benef	fits eterans non-education benefits rec	poissed in 2015. I	naluda Disability, Daat	h Pansian Danandanay
	tion (DIC), and/or VA Education			n Pension, Dependency
Do not include federal ve	teran educational benefits such as			ucation Assistance
Program, VEAP Benefits,				1
Name of Recipient	Type of Veterans Non-education Benefit		nt of Benefit red in 2014	
	Non-education Benefit	Receiv	/ed in 2014	
		•		_
Other untaxed income		d. d. alaasada	. 4h: a Camus In also da son	
st the amount of other untaxed in orkers' compensation, disability,				
ailroad Retirement Benefits, etc. l				
d, Earned Income Credit, Additio				
enefits, Supplemental Security Inc				
exible spending arrangements (e.g	Type of Other		nt of Other Untaxed	special fuels.
Name of Recipient	Untaxed Income		e Received in 2013	
Money received or paid on the				
e student's behalf also include an	parent whose information is re y distributions to the student from ents, aunts, and uncles of the students	m a 529 plan <u>ow</u>		
Purpose: e.g., Cash, Rent, B	Sooks Amount Received	Amount Received in 2014		
114.				
dditional information: o that we can fully understand the	student's family's financial situs	ation please prov	vide below information	about any other recourses
enefits, and other amounts receive				
quired to be reported on the FAF	SA or other forms submitted to the			
lucation benefits, military housing		1 ID		
more space is needed, provide a	Type of		of Financial Support]
Name of Recipient	Financial Support	Received		
				J
omments:				
equired Signatures: gn after completing. By signing t rrect. (At least one parent must s	sign this worksheet.) Warning: I			
orksheet, you may be fined, sente	enced to jail, or both.			
	Date			
udent's Signature				
	Aid Office, Goshen College, 17 25, Toll free: (800) 348-7422, Fa			