



Return completed documents to: Financial Aid Office **OR** Financial Aid Office
 300 Spirit River Dr So 11200 Mississippi Blvd NW
 Cambridge, MN 55008 Coon Rapids, MN 55433
No Faxes Please

Verification Worksheet 2011-2012

Your application has been selected for review in a process called "Verification". In this process, ARCC will be comparing information from your application with signed copies of your (and your spouse's if you are married) (and your parent's if dependent) 2010 Federal Income Tax Returns, or other financial documents. The law states that we have the right to ask you for this information before awarding Federal Student Aid. If there are differences between your application information and your financial documents, we may send corrections electronically to have your information reprocessed.

Last	First	M.I.	ARCC Student I.D.
Address			Date of birth ()
City	State	Zip Code	Day Phone

Household Information:

Dependent:

List the people that your parent(s) will financially support between July 1, 2011 to June 30, 2012 – include:

- Yourself
- Your parents
- Your parent(s) dependent children if your parent(s) provide more than half or their support, or would be required to give parental information on the FAFSA.
- Other people if they lived with and received more than half or their support from your parent(s) and will continue to receive more than half their support from July 1, 2011 to June 30, 2012.

Independent:

List the people that you/your spouse will financially support between July 1, 2011 to June 30, 2012 – include:

- Yourself
- Your spouse
- Your dependent children if you provide more than half or their support.
- Other people if they lived with you and received more than half their support from you/your spouse and will continue to receive more than half their support from July 1, 2011 to June 30, 2012.

Full Name	Age	Relationship to Applicant	College Name List college if family member will attend at least half-time in a degree/certificate program during 2011-2012. Do not include if they are attending college and high school at the same time; Do not include parent(s).
1.		self	ARCC
2.			
3.			
4.			
5.			
6.			
7.			
8.			

(Please see reverse side of this form to complete additional information.)

2010 INCOME INFORMATION

Incomplete Forms Will Be Returned To The Student

ATTACH a Student/Parent **SIGNED** copy of the **first two pages** of your filed **2010 Federal Tax Return**

If you no longer have your 1040 copy, you may request a 1040 transcript from the IRS by calling 1-800-829-1040. Request 2010 "Return Tax Transcript" - Be sure the Transcript is signed by the Student/Parent.

Statement of Non-Filing Status – Please check if:

- I, the student, did not and will not file a 2010 Federal Tax Return
 My spouse did not and will not file a 2010 Federal Tax Return

 My parent(s) did not and will not file a 2010 Federal Tax Return
 My parent's spouse did not and will not file a 2010 Federal Tax Return

Please Complete Chart with 2010 Calendar Information **Do Not Leave Any Box Blank. If the answer is zero, enter 0.	STUDENT/ SPOUSE (2010 Year)	PARENT(s) (2010 Year)
Total Annual Wages earned [See Box 1 on W-2 Form(s)]	\$ _____ student \$ _____ spouse	\$ _____ father/stepfather \$ _____ mother/stepmother
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings) (from W-2, 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	\$ _____	\$ _____
Veterans non-education benefits such as Death Pension, Dependency & Indemnity Compensation (DIC)	\$ _____	\$ _____
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 (DIA) and/or VA Educational Work-Study allowances	\$ _____	\$ _____
Any other untaxed income or benefits not reported elsewhere on this form , such as worker's compensation, disability, untaxed portion or railroad retirement benefits, Black Lung Benefits, Refugee Assistance, etc. Tax filers only: report only taxable combat pay reported in your adjusted gross income. Also include the First-Time Homebuyer Tax Credits from IRS Form 1040 – line 67 & Making Work Pay Credit 1040 – line 63; 1040A - line 40 . Do not include untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$ _____	\$ _____
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form	\$ _____	XXXXXXXX
Child support paid because of divorce or separation or as a result of a legal requirement. List child(ren) name(s):	\$ _____	\$ _____
Taxable earnings from need-based employment programs, such as Federal Work-Study	\$ _____	\$ _____

DO NOT LEAVE ANY BOX BLANK. IF THE ANSWER IS ZERO, ENTER \$0.

Please check if you receive any of the following:

- Supplemental Security Income
 Food Stamps
 Free/reduced school lunch
 TANF
 VMC

➤ **If your 2010 taxed and untaxed income total was less than \$7,500 you may be asked for clarification of how living expenses were met in 2010.**

CERTIFICATION and SIGNATURES

As a condition of accepting aid, I certify that I will be enrolled in a program that will lead to a certificate, degree or other recognized education credential, and is a program at least 16 credits in length. I authorize ARCC to deduct any institutional charges, such as tuition, fees, bookstore expenses, or other educational related charges from my grants and loans and issue me a check/direct deposit for the balance. I understand the Financial Aid Office is authorized to exchange information regarding my financial aid with other college departments and other agencies that require the data to determine my eligibility for funding. I certify that all of the information reported to qualify for Financial Aid is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student signature
(REQUIRED)

Parent signature
(REQUIRED if dependent student)

Date