GRINNELL COLLEGE

# 2016 – 2017 Federal Verification of Resources Worksheet – Dependent

**Student Name:** _____ **Grinnell ID #:** _____

The U.S. Department of Education selected your FAFSA for Verification. You and at least one custodial parent must complete, sign, and submit this ***Federal Verification Worksheet*** to the Financial Aid Office **within two weeks** so that your financial aid won't be delayed. We are unable to award you aid until verification is complete. For more information, visit www.grinnell.edu/about/offices-services/financial-aid/federal-verification. If you have any questions, contact our office at (641) 269-3250 or finaid@grinnell.edu.

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**If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.** Answer each question as it applies to the student and the student's parent(s) whose information is on the FAFSA. If more space is needed, provide a separate page with the student's name and ID number at the top.

**A. Taxable Income:** For 2015 federal tax return filers, the AGI is from IRS Form 1040-line 37, IRS Form 1040A-line 21, or IRS Form 1040EZ-line 4. If a 2015 federal tax return was not filed, enter the sum of all wages earned in 2015 (from W-2s and other sources).

| | Amount |
|---|---|
| Student 2015 AGI (tax filers) or wages (non-tax filers). | $ |
| Parent 2015 AGI (tax filers) or wages (non-tax filers). | $ |

**B. Untaxed Income for 2015:** See Questions 45 and 94 on the 2016-2017 FAFSA.

| | Name of Recipient | Amount |
|---|---|---|
| Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Forms in 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. | | $ |
| Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or IRS Form 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter zero. | | $ |
| Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or IRS Form 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter zero. | | $ |
| Housing, food, and other living allowances received by members of the military, clergy, and others. Include cash payments and the cash value of benefits received. | | $ |
| Veterans' non-education benefits, include disability, death pension, Dependency & Indemnity Compensation (DIC), and VA Educational Work-Study allowances. | | $ |
| Other untaxed income from worker's compensation, disability, Black Lung Benefits, Railroad Retirement Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc. | | $ |

**C. Verification of Other Untaxed Income for 2015:** So that we may fully understand your family's financial situation, provide information about any other resources, benefits, and other amounts received by you and any members of your parent(s)' household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, combat pay, untaxed Social Security benefits, Supplemental Security Income (SSI), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), etc.

| Name of Recipient | Type/Source of Other Untaxed Income | Amount of Other Untaxed Income Received in 2015 |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |
| | | $ |

**D. Money Received by You (the Student) or Paid on Your Behalf:** List any money received by you (the student) or paid on your behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support you, the student, received in 2015. Include support from a parent whose information was not reported on your 2016–2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for you, the student, or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is your parent whose information is reported on your 2016-2017 FAFSA. Amounts paid on your, the student's, behalf also include any distributions to you, the student, from a 529 plan owned by someone other than you or your parents, such as grandparents, aunts, and uncles.

| Purpose: e.g. Cash, Rent, Books, Tuition | Source | Amount Received in 2015 |
|---|---|---|
| | | $ |
| | | $ |
| | | $ |
| | | $ |

**E. Additional Information:** If the total income sources from above (A+B+C+D) **is less than** the poverty threshold for your parent(s)' household size (see charts below), provide a written statement explaining how you and your parent(s)' household were able to subsist on low income. Include explanations on how basic needs were met. This may include living with an extended relative, sharing lodging with multiple roommates, etc. Provide an additional page if necessary.

Additional Information:

| Household Size | Poverty Threshold |
|---|---|
| One person | $11,770 |
| Two people | $15,930 |
| Three people | $20,090 |
| Four people | $24,250 |
| Five people | $28,410 |
| Six people | $32,570 |
| Seven people | $36,730 |
| Eight people | $40,890 |
| Nine people or more | $45,050 |

## Certification

Each person signing below certifies that all the information reported is complete and correct. Both student and at least one parent, whose information was reported on the FAFSA, must sign and date. **WARNING:** If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature Date

Parent Signature Date

**Send to:**
Grinnell College
Office of Financial Aid
Grinnell, IA 50112
FAX: (641) 269-4937
EMAIL: finaid@grinnell.edu
Secure File Upload: https://grinnell.leapfile.net