



INDEPENDENT VERIFICATION FORM (IVF)

Student Name (Last, First, MI - please print) _____

Social Security Number and Student ID _____ / _____

Check the first ONE that applies:

- I was born before January 1, 1985.
- I am serving on active duty in the U.S. Armed Forces for purposes other than training. **Attach documentation.**
- I am a veteran of U.S. Armed Forces. **May need to provide DD214—Military Discharge document.**
- I am, as of today, legally married (*does not mean living together OR divorced*). **If you are separated, attach a Marriage License.**
- I am a ward/dependent of the court, or was (until age 18), legally placed under the care of the court. **Attach Documentation.**
- I am an orphan (both your parents are deceased). **Attach Documentation.**
- I have children who receive more than half of their support from me. **Attach Child's Birth Certificate.**
- I have dependents (*other than my children or spouse*) who live with me and who receive more than half of their support from me, now and through June 30, 2009. **Attach Documentation.**

A. Family Information

List the people in your household, include:

- your spouse, if you have one, AND
- your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009, and

Include other people only if:

- they now live with you, and you provide more than half of their support, AND
- you will continue to provide more than half of their support from July 1, 2008 through June 30, 2009.

Write the names of all household members in the space(s) below. Also, write the name of the college for any household member, who will be attending at college least half-time (6 credits or more) between July 1, 2008 and June 30, 2009, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page (with all the information below).

Full Name	Age	Relationship to you	Social Security Number	Name of College; City, State (No abbreviations)
Student:		SELF		Glendale Community College
2.				
3.				
4.				
5.				
6.				
7.				

B. Student's Tax Forms and Income Earned from Work (all applicants)

1. Check only ONE box below.

Did you file a 2007 Federal tax return: IRS Form 1040/A/EZ, a tax return from Puerto Rico, or a foreign income tax return?

- Yes. Submit a **signed** copy of your 2007 Federal tax return; include all W-2 forms and schedules.
- No, I will not file and **am not required** to file a 2007 U.S. Income tax return.

2. List below your employer(s) and attach W/2 forms or other earnings statements.

Employers (write "NONE," if you did not work in 2007)	2007 Amount
	\$
	\$

C. Spouse(s)' Tax Forms and Income Earned from Work (if student is married)

1. Check ONE box below.

Did your spouse file a 2007 Federal tax return: 1040/A/EZ, Tele-file Tax Record, a tax return from Puerto Rico, or a foreign income tax return?

- Yes. Submit a **signed** copy of your spouse's 2007 Federal tax return; include all W-2 forms and schedules.
- No, my spouse will not file and is **not required** to file a 2007 U.S. Income tax return.

2. List below your spouse's employer(s) and attach W/2 forms or other earnings statements.

Employers (write "NONE," if your spouse did not work in 2007)	2007 Amount
	\$
	\$

D. Student and Spouse's Child Support

Did you or your spouse RECEIVE child support in 2007? YES NO

If "YES", list the total 2007 amount received for all children: \$ _____ per month x _____ months = \$ _____

AND the name of child(ren) for which support was received (list name(s): _____

Did you or your spouse PAY child support in 2007? YES NO

(Do not include support for children in your or your spouse's household)

If "YES", list the total 2007 amount paid because of divorce or separation: \$ _____ per month x _____ months = \$ _____

AND the name of child(ren) for which support was paid (list name(s): _____

E. Student and Spouse's Other Untaxed Income and Benefits

Did you and/or your spouse receive any Untaxed Income or Benefits in 2007 (See list below)? YES NO

If "YES", fill in the amounts of untaxed income (other than child support) you and/or your spouse received in 2007.

Please do not leave any blanks. If you/they did not receive any income for a category, place a "ZERO".

Worksheet A		STUDENT	SPOUSE
Social Security benefits received in 2007, for all household members, include SSI (Supplemental Security Income). **Attach a letter from Social Security (or form SSA-1099) that lists the TOTAL annual benefit amount paid in 2007 to you in the Student column & benefits paid to your spouse in the Spouse column. Be sure to include amounts that were paid for your and your spouse's children.		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Welfare benefits, including Temporary Assistance for Needy families (TANF). Do not include food stamps or subsidized housing.		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Worksheet B		STUDENT	SPOUSE
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 Form in boxes 12a through 12d, codes D, E, F, G, H and S. Include untaxed portion of 401(k) and 403(b) plans.		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Housing, Food, and other Living Allowances paid to members of the Military, Clergy, and others (including cash payments and cash value of benefits).		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Veterans' Benefits: (List type, program, &/or chapter #)	NON-Educational [include Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)] _____	\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
	Educational (include VA Educational Work-Study allowances) _____	\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Money RECEIVED, or PAID on your behalf (e.g. bills).		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Any other untaxed income or benefits, such as Workers' Compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, Refugee Assistance, or wages not subject to taxation by any government, etc. For tax filers only: report Combat Pay not included in adjusted gross income. Don't include Combat pay if you are not a tax filer.		\$ _____ per month x _____ months = \$	\$ _____ per month x _____ months = \$
Worksheet C - Income Exclusions		STUDENT	SPOUSE
Student grant and scholarship aid reported to the IRS in your (or your spouse's) 2007 adjusted gross income. This includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.		= \$	= \$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.		= \$	= \$

F. SIGN AND DATE BELOW

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If married, spouse's signature is optional.

Student Signature Date (mm/dd/yyyy)

Spouse Signature Date (mm/dd/yyyy)

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

Make sure that all tax forms are signed.

Return this form within 15 days to the Glendale Community College Financial Aid Office
6000 W. Olive Avenue • Glendale, AZ 85302 • (623) 845-3366 • Fax (623) 845-3310
www.gc.maricopa.edu/finaid