



INDEPENDENT VERIFICATION FORM (IVF)

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

Social Security Number and Student ID

Check the first ONE that applies to you:

- I was born before January 1, 1986.
- I am, as of today, legally married (does not mean living together OR divorced). If you are separated, attach a Marriage License.
- 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 have children who receive more than half of their support from me, or 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, 2010.
- I am/was at any time since age 13, a ward/dependent of the court, an orphan (both parents/adoptive parents deceased), in foster care, or legally placed under the care of the court. Attach Documentation.
- I am/was an emancipated minor or in legal guardianship as determined by a court in your state of legal residence. Attach Documentation.
- I am/was at any time on or after July 1, 2008, an unaccompanied youth who was homeless, or self-supporting and at risk of being homeless as determined by your high school, school district homeless liaison, emergency shelter director or transitional housing program funded by HUD, runaway or homeless youth basic center or transitional living program director. Attach Documentation.

A. Family Information

List the people in your household, including:

- your spouse, if you have one, AND
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, 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, 2009 through June 30, 2010.

Write the names of all household members in the space(s) below. Also, write the name of the college for any household member, excluding your parent(s), who will be attending a college least half-time (6 credits or more) between July 1, 2009 and June 30, 2010, 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.				

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

1. Check only ONE box below.

Did you file a 2008 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 2008 Federal tax return; include all W-2 forms and schedules.
- No, I will not file and am not required to file a 2008 U.S. Income tax return.

2. List below your employer(s), attach W/2 forms or other earnings statements, or write 'NONE,' if you did not work.

Employer:	2008 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 2008 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 2008 Federal tax return; include all W-2 forms and schedules.
- No, my spouse will not file and is not required to file a 2008 U.S. Income tax return.

2. List below spouse's employer(s), attach W/2 forms or other earnings statements, or write 'NONE,' if your spouse did not work.

Employer:	2008 Amount: \$
	\$

D. 2008 Other Untaxed Income and Benefits

USE THE TABLES BELOW TO REPORT ANNUAL AMOUNTS		STUDENT	SPOUSE
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, <i>but not limited to</i> , 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.		= \$	= \$
Did you or your spouse RECEIVE child support in 2008? If 'YES,' list the total 2008 amount <u>received</u> for all children AND the name of child(ren) for which support was received (list name(s):		= \$	= \$
Housing, Food, and other Living Allowances paid to members of the Military, Clergy , and others (including cash payments and cash value of benefits).		= \$	= \$
Veterans' Benefits: (List type, program, &/or chapter #)	NON-Educational [include Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)] _____ Educational (include VA Educational Work-Study allowances) _____	= \$	= \$
Any other untaxed income or benefits, such as <i>Workers' Compensation</i> , untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, Refugee Assistance, or wages not subject to taxation by any government, etc.		= \$	= \$
Money RECEIVED , or PAID on your behalf (e.g. bills), including support from a non-custodial parent or any other person.		= \$	= \$

E. 2008 Additional Financial Information

USE THE TABLES BELOW TO REPORT ANNUAL AMOUNTS		STUDENT	SPOUSE
Did you or your spouse PAY child support in 2008? (Do not include support for children in your or your spouse's household) If 'YES,' list the total 2008 amount <u>paid</u> because of divorce or separation AND the name of child(ren) for which support was paid (list name(s):		= \$	= \$
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.		= \$	= \$
Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.		= \$	= \$
Combat Pay or special combat pay. For tax filers only: report <u>only</u> if included in adjusted gross income. Don't enter untaxed combat pay reported on the W2 (Box 12, Code Q).		= \$	= \$

E. 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