



# Wayne County Community College District

District Office  
801 W. Fort Street  
Detroit, MI 48226  
(313) 496-2865  
(313) 963-8568 fax

# I

## Financial Aid

Name _____	A00 _____
Birthdate _____	SSN _____
Phone # _____	Email _____

### 2008-2009 INDEPENDENT Verification Worksheet

Your financial aid application was selected to be reviewed in a process called **verification**. The Financial Aid Office will use copies of your (and your spouse's, if you are married) 2007 Federal tax forms to compare information from your financial aid application.

#### **A. Family Information- Please list the people in your household, include the following(attach separate page if necessary):**

- Yourself and your spouse if married.
- **Your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009.**
- **Other people currently living with you for whom you provide and will continue to provide more than half of the support from July 1, 2008 through June 30, 2009.**

	Names of Family Members	Age	Relationship to You	Will Be Enrolled in College 08-09		Name of College or University
				Yes	No	
1.			Self	X	<input type="checkbox"/>	WCCCD
2.				<input type="checkbox"/>	<input type="checkbox"/>	
3.				<input type="checkbox"/>	<input type="checkbox"/>	
4.				<input type="checkbox"/>	<input type="checkbox"/>	
5.				<input type="checkbox"/>	<input type="checkbox"/>	
6.				<input type="checkbox"/>	<input type="checkbox"/>	
7.				<input type="checkbox"/>	<input type="checkbox"/>	

#### **B. 2007 Tax Forms and Income Information**

- Attach a signed copy of your and your spouse's (if you are married) 2007 federal income tax return.
- If you and/or your spouse did not file AND were not required to file a 2007 federal income tax return, please check the appropriate box and complete the information as indicated below:

Student Non-filer

Spouse Non-filer

List below any income received in 2007 (use the W-2 or other earning statement, if available).

Non-Filer's Name	Source of Income for 2007	Amount
		\$
		\$
		\$

For Office Use Only: Complete  Incomplete  Processed by: \_\_\_\_\_

Independent

**C. SUPPLEMENTAL INFORMATION (Do not leave any blanks. Please enter "0" if the amount is zero):**

<b>Student/Spouse</b>	<b>WORKSHEET A</b>	
\$	Earned income credit from IRS Form 1040-line 66a; 1040A-line 40a; 1040EZ-line 8a.	
\$	Additional child tax credit from IRS Form 1040-line 68 or 1040A-line 41.	
\$	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do not include food stamps or subsidized housing.	
\$	Social Security benefits received, for all household members as reported in question 90, that were not taxed (such as SSI)	
<b>Total: \$</b>		
	<b>WORKSHEET B</b>	
\$	Payments to tax-deferred pension and savings plans, 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.	
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 28 +32 or 1040A-line 17.	
\$	Child support <b>received</b> for all children. Do not include foster care or adoption payments.	
\$	Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	
\$	Foreign income exclusion from IRS Form 2555-line 45 or 2555EZ-line 18.	
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	
\$	Credit for federal tax on special fuels from IRS Form 4136-line 17 – non-farmers only.	
\$	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 (DIC) and/or VA Educational Work-Study allowances.	
\$	Any other untaxed income not reported elsewhere on Worksheet A and B, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in adjusted gross income (Q35 and 79). <b>Do not include</b> student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g., cafeteria plans).	
\$	Money <b>received</b> , or paid on your <u>behalf</u> (e.g., bills) not reported elsewhere on this form.	
<b>Total: \$</b>		
	<b>WORKSHEET C</b>	
\$	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31.	
\$	Child Support <b>paid</b> because of divorce/separation. Do not include support for children in your household, (question 90 on the FAFSA).	
\$	Taxable earning from Federal Work-Study or other need-based work programs (such as fellowships and assistantships).	
\$	Student grant, scholarship, fellowship, and assistantship aid, including AmeriCorps awards, that was reported to the IRS in your adjusted gross income.	
<b>Total: \$</b>		

By signing this worksheet, I (we) certify that all information reported is complete and correct. You must sign this form. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature (optional) \_\_\_\_\_ Date \_\_\_\_\_