



## 2023-2024 Verification Worksheet Version 1

Student Financial Services Office = 1500 College Parkway = Elko, NV 89801 Phone#: (775) 327-2095 FAX: (775) 327-5105  
Website: [www.gbcnv.edu/financial](http://www.gbcnv.edu/financial) Email: [financial-aid@gbcnv.edu](mailto:financial-aid@gbcnv.edu)

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and one parent (if dependent) must complete and sign this worksheet, attach any required documents, and submit

### D. Income Information for Non-Filers ONLY

If you are not required to file a 2021 U.S. Income Tax Return, list your employer(s) and any income received in 2021 (attach all w-2 Forms or other earning statements such as 1099-Miscellaneous). If NO ONE in the household (of those listed in Section B. Family Information of this form) earned income by working, FULLY complete and ATTACH the 2023-2024 Income and Expense Worksheet. DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"

Employer Name	Student/Spouse 2021 Amount	Parent(s) 2021 Amount
1	\$	\$
2	\$	\$
3	\$	\$

### E. Supplemental Nutrition Assistance Program (SNAP) Benefits

\*Please select YES or NO. DO NOT leave anything blank.

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP) in 2021?	Yes	No
---	-----	----

Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2021.

I, \_\_\_\_\_, affirm that SNAP benefits were received by someone in the household during 2021.

### F. Child Support Paid OUT

On your 2023-2024 FAFSA, if you have stated that someone in your household paid child support due to a COURT MANDATED requirement in 2021. Please complete the following information. DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"

Child Support you PAID due to a COURT-MANDATED requirement				in 2021
Child's Name	Name of person paying support	Name of person receiving child support	Student/Spouse(if married) Annual Amount	Parent(s)- Annual Amount
			\$ /year	/year
			/year	/year
			/year	/year
			/year	/year

### G. Untaxed Income

\*Please select YES or NO. DO NOT leave anything blank.

Sources of Untaxed Income	Student/ Spouse 2021 Amount	Parent(s)- 2021 Amount
Are the IRA Distributions from your IRS for 1040 or 1040A a <i>rollover</i> amount?	Yes      No	Yes      No
Are the Pension Distributions from your IRS form 1040 or 1040A a <i>rollover</i> amount?	Yes      No	Yes      No

### H. Grants/Scholarships

If you reported grants/scholarships on your 2021 federal tax returns as part of your earned INCOME (AGI), please list the amount here \$ \_\_\_\_\_

### I. Sign this Worksheet

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (if dependent)

\_\_\_\_\_  
Date