

Office of Student Financial Services  
 98 Bridge Street  
 Henniker, NH 03242  
 603.428.2226 | sfs@nec.edu

## 2016-2017 Dependent Income Verification Form

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

### SECTION A – STUDENT and/or PARENT INFORMATION

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The student and parent(s) must provide all of the information requested on this form and return this document to the Student Financial Services Office. **Please Note:** Complete all sections of this form, if any spaces are left blank, this form will be considered incomplete and returned for completion.

1. Was the student required to file taxes in 2015?  
 Yes      No
  
2. Was the student’s parent(s) required to file taxes in 2015?  
 Yes      No
  
3. Did the student and/or parent(s) receive 2015 Income Earned from Work?  
 Yes (If yes, please attach ALL copies of 2015 Employer W2’s)  
 No
  
4. Did the student and/or parent(s) receive any untaxed income in 2015?  
 Yes (If yes, please check all that apply in section B and indicate the monthly amount received)  
 No

**SECTION B – INCOME and BENEFITS** *If benefits listed are not applicable, please check “N/A”. If you received any benefits for less than a 12 month period, please specify the number of months in column provided below.*

Monthly Benefit	Did you receive this benefit?	Monthly Amount?	Who received the benefit?	Was benefit received for 12 months in 2015?
<b>Social Security Income:</b> <input type="checkbox"/> N/A (Retirement, Survivor, Disability, Supplemental etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Fuel Assistance:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>AFDC/TANF and/or Housing Subsidies:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Child Support/Alimony:</b> <input type="checkbox"/> N/A (Received only)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:



<b>Veterans Benefits:</b> (Non-educational) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Housing, food, &amp; other living allowances paid to members of the military, clergy, &amp; others:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Payments to tax-Deferred pension &amp; retirement savings plan(s):</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Money received or paid on the student's behalf:</b> (Payment of student bills/expenses) <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:
<b>Other:</b> <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	<input type="checkbox"/> Self <input type="checkbox"/> Relative/Parent <input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No If no, indicate number of months:

**SECTION D**

<b>Did you live in another country in 2015?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>What country?</b>	<b>Total amount of income earned?</b> \$ (US currency)
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**SECTION E – Certification and Signatures** (electronic or typed signatures will not be accepted)

By signing this worksheet, each person certifies that all the information reported to qualify for student financial aid is true and accurate. I understand that if this form is incomplete, **my financial aid will be delayed.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Do not mail this worksheet to the U.S. Department of Education. Return to New England College Office of Student Financial Services.**