

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

2017-2018 Dependent Income Verification Form

Student Name: _____ Student NEC ID#: _____

SECTION A – STUDENT and/or PARENT INFORMATION

Your 2017–2018 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. Additional documentation may be requested by our office upon receipt of this completed form.

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 (Please skip section B and go to Section C)

SECTION B – INCOME and BENEFITS *If you received any benefits for less than a 12 month period, please specify the number of months in column provided below.*

Monthly Benefit	Was this benefit received by anyone you listed in your household?	Monthly Amount?	Who received this benefit?	Was this benefit received for 12 months in 2015?
<u>Social Security Income:</u> (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:
<u>Fuel Assistance:</u>	<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:
<u>AFDC/TANF and/or Housing Subsidies:</u>	<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:

Monthly Benefit	Was this benefit received by anyone you listed in your household?	Monthly Amount?	Who received this benefit?	Was this benefit received for 12 months in 2015?
Child Support/Alimony: (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:
Veterans Benefits (Non-educational)	<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:
Housing, food, & other living allowances paid to members of the military, clergy, & others:	<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:
Payments to tax-Deferred pension & retirement savings plan(s):	<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:
Money received or paid on the student's behalf: (Payment of student bills/expenses)	<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:
Other:	<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 C

Did you live in another country in 2015?	What country?	Total amount of income earned?
<input type="checkbox"/> Yes <input type="checkbox"/> No		\$ (US currency)

SECTION D – 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 (required)

Date

Parent Signature (required)

Date

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