

Your financial aid application was selected for review in a process called “**verification**.” In this process we will be comparing information from your aid application to copies of your (and your spouse’s if you are married) 2009 Federal tax forms. Under the Federal financial aid program rules (CFR Title 34, Part 668), the college has the right and obligation to ask you for this information before we can award you financial aid.

If there are differences between your application and your financial documents, we may need to make corrections to your Student Aid Report. In most cases we can do this electronically. We cannot process your financial aid application without the requested documents.

What you need to do:

1. Complete this worksheet.
2. Attach **copies** of your **SIGNED 2009 Federal tax forms (including Schedules C, E, and F, if applicable), W-2s**, and all other appropriate financial documents and if married, your spouse’s information. Call the IRS at 1-800-829-1040 to request a tax transcript or W-2 summary if you do not have a copy. If you and your spouse filed separately, we will need a copy of each spouse’s returns.
3. If student or spouse paid child support, please provide documentation.
4. Submit the completed worksheet and documents to the Office of Financial Aid. You may fax the information to 734-462-4527. Please call the Office of Financial Aid if you have questions regarding this process.

1

STUDENT INFORMATION

| | | | |
|--|------------|----------------|------------------------------|
| Last Name | First Name | Middle Initial | Soc. Security # / Student ID |
| Address (include apartment or unit number) | | Date of Birth | |
| City | State | Zip | Phone Number |

2

FAMILY INFORMATION

Complete the table below including yourself (and your spouse if married). Also include your dependents who receive and will continue to receive more than half of their support from you (or your spouse if married) from 7/1/10 – 6/30/11. If any of the dependents will be enrolled in college at **least half time** and pursuing a degree, diploma or certificate indicate the name of their college. If they attend Schoolcraft College, please also include their student ID number.

| Full Name | Age | Relationship | College of attendance 7/1/10 – 6/30/11 |
|-----------|-----|--------------|--|
| | | Self | Schoolcraft College |
| | | | |
| | | | |
| | | | |
| | | | |

If you need more space, attach a separate page.

3

NON TAX FILERS

Check the box(es) below for those persons who did not and were not required to file a 2009 federal tax return.

- You
 Your Spouse (if married)

List any income earned from work in the table below.

Do not leave blanks. Enter 0 if it does not apply.

| | Employer Name | 2009 total earnings |
|---------|---------------|---------------------|
| Student | | \$ |
| Spouse | | \$ |

4

If you need more space, attach a separate page.

UNTAXED INCOME FOR 2009**Do not leave blanks. Enter 0 if it does not apply.**

| Type of Untaxed Income | Student | Spouse |
|---|---------|--------|
| Child support received for all children | \$ | \$ |
| Untaxed pensions or portions of pensions | \$ | \$ |
| Housing, food and living allowances paid to members of the military, clergy or others | \$ | \$ |
| VA non-education benefits | \$ | \$ |
| Any other untaxed income (worker's compensation, disability, etc) | \$ | \$ |
| Cash received or money paid on your behalf | \$ | \$ |

Please check the applicable boxes if either you or your spouse received any of these benefits in 2008

- | | |
|---|--|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Welfare Benefits |
| <input type="checkbox"/> Social Security Benefits | <input type="checkbox"/> SSI Disability Benefits |

Note: If you reported no source(s) of income, please complete a 2010-11 Student Low Income Statement. The form can be found at www.schoolcraft.edu/aid.

5

INCOME EXCLUSIONS FOR 2009**Do not leave blanks. Enter 0 if it does not apply.**

| Type of Income Exclusion | Student | Spouse |
|---|---------|--------|
| Child support paid (Documentation Required) | \$ | \$ |
| Federal Work Study, Co-Op Education earnings, or other grant/scholarship aid reported to the IRS in your Adjusted Gross Income | \$ | \$ |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (box 12, Code Q). | \$ | \$ |

6

CERTIFICATION

If you are the student, by signing this worksheet, you certify that you: 1) will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education, 2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, 3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, 4) will notify your school if you default on a federal student loan, and 5) will not receive a Federal Pell Grant for more than one school for the same period of time. By signing this worksheet you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include your U.S. or state income tax forms. Also, you certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies. By signing this worksheet, you certify that all of the information reported on it is complete and correct.

If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, sentenced to jail, or both.

Student Signature _____

Date _____