2011-2012 FAFSA Worksheets Verification

New College of Florida – Office of Admissions and Financial Aid

New College ID Number	Student's Name

We have received changes to or need clarification of the asset information reported on your original Free Application for Federal Student Aid (FAFSA). Please complete this form and return it to the Office of Financial Aid. ***In all cases, use figures as of the time you completed your original FAFSA.***

2010 Additional Financial Information

	Parent	Student
1. Education credits (Hope and Lifetime Learning) (1040 – line 49; 1040A – line 31)	$	$
2. Child support you paid because of a divorce or separation. Don't include support for children in your household.		
3. Taxable earnings from need-based employment programs (e.g. Work-Study, fellowships)		
4. Student grant and scholarship aid reported to the IRS that was included in adjusted gross income.		
5. Combat pay or special combat pay 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).		
Total	$	$

Untaxed Income

1. Payments to tax-deferred pension and savings plans (W-2 – Boxes 12 a through d, codes D, E, F, G, H, and S)	**$**	**$**
2. IRA deductions and payments to SEP, SIMPLE, KEOGH, and other qualified plans (1040 – line 28 + line 32; 1040A – line 17)		
3. Child support received for all children. Do not include foster care or adoption payments.		
4. Tax exempt interest income (1040 – line 8b; 1040A – line 8b)		
5. Untaxed portions of IRA distributions (1040 – line 15a minus 15b; 1040A – line 11a minus 11b. Exclude rollovers. If negative, enter $0)		
6. Untaxed portions of pensions (1040 – line 16a minus 16b; 1040A – line 12a minus 12b. Exclude rollovers. If negative, enter $0)		
7. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments)		
8. Veterans' noneducation benefits (Disability, Death Pension, Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances)		
9. Any other untaxed income or benefits not reported elsewhere on Worksheets A or B (e.g. workers' compensation, disability)		
10. Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form		
Total	$	$

5800 Bay Shore Rd., ROB 202 – Sarasota, FL 34243-2109
(941) 487-5000 – FAX: (941) 487-5010 – ncfinaid@ncf.edu

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Certification Statement

By signing this form, I/we certify that all the information reported to qualify for federal student aid is complete and correct.
At least one parent must sign, if a dependent student.
If you purposely give false or misleading information, you may be fined $20,000, sent to prison or both.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

If significant changes have occurred to the figures listed above since filing the Free Application for Federal Student Aid (FAFSA), please indicate those changes below.

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