



Complete this verification form and submit it to your financial aid administrator as soon as possible. The Office of Financial Aid cannot fully process your financial aid without this information.

Last Name		First Name	MI	Phone Number		SSN	
Street Address				City		State	Zip
Date of Birth		Student ID #		Email Address			

OR

****A student is considered independent if he/she **was not required** to provide parental information on the FAFSA.**

- **Yourself and your parent(s)**, including a stepparent, even if you do not live with your parent(s)
- **Your spouse, if you are married.**
- **Your parent(s)' other children**, even if they do not live with your parent(s), if (a) your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or (b) the children would be required to provide parental information if they were applying for Federal Student Aid.
- **Other people, if they now live with your parent(s)** and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2016, through June 30, 2017.

[illegible]

Child Support Paid

Did you or any member of your household PAY child support in 2015? (Attach additional sheet of paper if necessary)

- ☐ **No.**
- ☐ **Yes.** Please complete the information below. Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation.

Name of Person Who Paid Child Support	Name of Child	Name of Person/Agency to Whom Child Support was Paid	Amount Paid in 2015

Supplemental Nutrition Assistance Program (SNAP)

Did you or a member of your parent(s)' household receive SNAP (formerly known as food stamps) in 2014 or 2015?

- ☐ **No.**
- ☐ **Yes.** Name of recipient: _____ Relationship to student: _____

Student – Tax and Income Information

Check only one box below. **The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) at www.fafsa.ed.gov.** You must wait at least 2-3 weeks after the 2015 electronic IRS income tax return has been accepted by the IRS before updating your FAFSA.

Check the ONE box that applies.

- ☐ I filed a Tax Return and used (or will use) the IRS DRT in the FAFSA.
- ☐ I **will file** a 2015 federal income tax return and will use the IRS DRT in the FAFSA.
- ☐ I am not eligible to use the IRS DRT because **I filed a tax extension.** (Attach a copy of the tax extension form 4846.)
- Request and submit a Federal Tax Return Transcript when available. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ I am not eligible to use the IRS DRT because **I filed an amended tax return.** (Attach a signed copy of the 1040X form.)
- Request and submit a Federal Tax Return Transcript when available. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ I am not eligible for or chose not to use the IRS DRT. I have attached a copy of my Federal Tax Return Transcript. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ I **did not** file a tax return, was not employed, and had no income from work. **Explain on a separate sheet of paper how living expenses were met.**
- ☐ I **did not** file a tax return, but was employed and earned income. **Provide copies of all 2015 IRS W-2 forms, list names of all employers, the amount earned from each employer, and whether IRS W-2 forms are provided.**

Employer's Name / Sources of Income	2015 Income Earned	IRS W-2 Provided?

Parent(s) or Spouse – Tax and Income Information

Check only one box below. **The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) at www.fafsa.ed.gov.** You must wait at least 2-3 weeks after the 2015 electronic IRS income tax return has been accepted by the IRS before updating your FAFSA.

Check the ONE box that applies.

- ☐ Parent(S) or Spouse filed a Tax Return and used (or will use) the IRS DRT in the FAFSA.
- ☐ Parent(s) or Spouse **will file** a 2015 federal income tax return and will use the IRS DRT in the FAFSA.
- ☐ Parent(s) or Spouse is not eligible to use the IRS DRT because **they filed a tax extension.** (Attach a copy of the tax extension form 4846.)
 - Request and submit a Federal Tax Return Transcript when available. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ Parent(s) or Spouse is not eligible to use the IRS DRT because **they filed an amended tax return.** (Attach a signed copy of the 1040X form.)
 - Request and submit a Federal Tax Return Transcript when available. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ Parent(s) or Spouse is not eligible for or chose not to use the IRS DRT. Parent(s) or Spouse has attached a copy of their Federal Tax Return Transcript. (www.irs.gov/transcript or call 1-800-908-9946)
- ☐ Parent(s) or Spouse **did not** file a tax return, was not employed, and had no income from work. **Explain on a separate sheet of paper how living expenses were met.**
- ☐ Parent(s) or Spouse **did not** file a tax return, but was employed and earned income. **Provide copies of all 2014 IRS W-2 forms, list names of all employers, the amount earned from each employer, and whether IRS W-2 forms are provided.**

Employer's Name / Sources of Income	2015 Income Earned	IRS W-2 Provided?

Untaxed Income for 2015

Answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA. To determine the correct amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 it was paid or received. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month. If more space is needed, provide a separate page with the student's name and ID number at the top.

If any item below (A-F) does not apply, enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.

A. Payments to Tax-Deferred Pension and Retirement Savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including but not limited to amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

B. **Child Support Received**

List the actual amount of any child support received in 2015 for the children in your household. **Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.**

Name of Recipient	Name of Child	Total Amount Received in 2015

C. **Housing, Food, and Other Living Allowances Paid to Members of the Military, Clergy, and Others**

Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Total Amount Received in 2015

D. **Veterans Non-Education Benefits**

Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Total Amount Received in 2015

E. **Other Untaxed Income**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portion of health savings accounts from IFS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported A-D from above. In addition, **do not include** student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Need Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA), educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Benefit Received	Total Amount Received in 2015

F. **Money Received or Paid on the Student's Behalf**

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information **was not** reported on the student's 2016-2017 FAFSA, but do not include support from a parent whose information was reported. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Name of Recipient	Type of Benefit Received	Total Amount Received in 2015

Support Certification

The 2015 income reported for you and your parent(s) (if dependent) or your spouse (if married and independent) on your 2016-2017 FAFSA appears insufficient to support the number of people in your household. Please complete this section to clarify how you and your parent(s) (if dependent) or your spouse (if married and independent) were able to live and support a family during 2015. Explain how they were able to provide housing, food, utility bills, clothing, etc.

<u>2015 ANNUAL Income</u>		<u>Monthly Expenses</u>	
Earnings (W-2)	\$ _____	Room <input type="checkbox"/> Rent <input type="checkbox"/> Own	\$ _____
Other ANNUAL earnings: social security, child support, in-kind support, etc.:		Utility (electricity, phone, water, etc.)	\$ _____
<u>Source</u>	<u>2015 ANNUAL Income</u>	Board (regular meals)	\$ _____
_____	\$ _____	Recreation/Entertainment	\$ _____
_____	\$ _____	Medical	\$ _____
_____	\$ _____	Auto Maintenance	\$ _____
_____	\$ _____	Major payments (auto insurance, credit cards, etc.)	\$ _____
_____	\$ _____	Other: <u>Source</u>	<u>Monthly Expenses</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

Briefly explain how you are able to support the number of people in your household with the resources listed above.

Sign the Worksheet

I/We affirm that the information provided in this application and supporting documentation (if applicable) is true and correct. I/We understand that any false statements or misrepresentations will be cause for denial, reduction, cancellation, or repayment of financial aid. The student and one parent or spouse whose information was reported on the FAFSA must sign and date.

Student Signature: _____ **Date:** _____

Parent or Spouse Signature: _____ **Date:** _____