

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. STUDENT’S PERSONAL INFORMATION

Student’s Last Name	Student’s First Name	Student’s M.I.	Student ID Number
Student’s Street Address (include apt. #)			Student’s Date of Birth
City	State	Zip Code	Student’s E-Mail Address
Student’s Home Phone Number (include Area Code)			Student’s Alternative or Cell Phone Number

B. STUDENT’S INCOME INFORMATION

Student Filed Taxes

Complete this section if the student filed or will file a 2022 IRS income tax return.

Student used the IRS Direct Data Exchange to transfer 2022 IRS income tax return information.

Student has provided the school a **signed** copy of their 2022 federal income tax return (Form 1040 and any Schedules filed)

Student has provided their 2022 tax **return** transcript obtained at www.irs.gov.

Student Was Not Required to File Taxes

Complete this section if the student will not and is not required to file a 2022 income tax return with the IRS.

Student was not employed and had no income earned from work in 2022.

Student was employed in 2022 and has listed below the names of all employers and the amount earned from each employer. Copies of all 2022 IRS W-2s (or equivalent documents) are required.

Employer Name	Wages Paid

I certify that I have not and am not required to file a 2022 income tax return.

Student’s handwritten signature & date

C. STUDENT’S FAMILY INFORMATION

Family size includes the following:

- The student
- The student’s spouse, if applicable.
- The student’s dependent children if the following are true.
 - They live with the student (or live apart because of college enrollment),
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student,
 - They will receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

Name (First and Last)	Age	Relationship to Student
		Self

D. STATEMENT OF EDUCATIONAL PURPOSE

The student must sign the Statement of Educational Purpose in the presence of a Notary Public or Financial Aid Administrator at the University of Dubuque. The Notary Public or Financial Aid Administrator must complete Section E below. A copy of the unexpired valid government-issued identification used by the Financial Aid Administrator or Notary Public to identify the student must be attached to this form.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistant I may receive will only be used for educational purposes and to pay the cost of attending the University of Dubuque for 2024-2025.

Signature _____ Date _____ Student ID# _____

E. STATEMENT OF EDUCATIONAL PURPOSE SIGNATURE WITNESSED BY

State of _____

County of _____

On _____ (Date), before me _____ (Name of Notary Public or UD Financial Aid Admin.)

personally appeared _____ (Name of Student) and proved to me on the basis of satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.

Signature of Notary Public or UD Financial Aid Administrator

Type of unexpired, valid, government-issued photo identification provided by the student:

- Driver's license,
- Other state-issued identification, or
- Passport

Identification number: _____

[SEAL]

E. CERTIFICATION & SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING! If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's signature, last four digits of SSN & date

Parent's signature, last four numbers of SSN & date

Submit this worksheet to:

University of Dubuque | Office of Student Financial Planning | 2000 University Ave. | Dubuque, IA 52001

Email: finaid@dbq.edu | Phone: 563.589.3170