

2016-2017 Verification Worksheet

Independent Student – University of Dubuque – Standard (V1)

Your 2016-2017 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. Independent Student’s Information

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s SSN
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. Independent Student’s Family Information

WHO TO INCLUDE IN THIS SECTION:

List below the people in your household. INCLUDE:

- **Yourself.**
- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled, **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.*

FULL NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING in 2016-2017	WILL BE ENROLLED at LEAST HALF TIME? Y/N
		(SELF)		

Student Name: _____ Student ID Number: _____

C: INDEPENDENT STUDENT’S INCOME INFORMATION to BE VERIFIED:

(Please check the applicable boxes and then follow the corresponding instructions.)

STUDENT filed taxes in 2015 _____ YES (complete **Option A**; **SKIP to Section D**)
 STUDENT **did not** file taxes, but did earn wages from working: _____ YES (**SKIP to Option B**)
 STUDENT was not employed and had no income earned from work in 2015. _____ YES (**SKIP to Section D** below)

OPTION A: The best way to verify income is by using the **IRS Data Retrieval Tool** that is part of FAFSA on the Web. If the student has not already used the tool, go to www.FAFSA.gov, log in to the student’s FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if the student is eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into the student’s FAFSA. **NOTE:** Once your taxes have been filed, you must wait up to two weeks (for electronic filers) and up to eight weeks for paper IRS tax return filers before you can access the Data Retrieval Tool. If you need more information about when, or how to use the IRS Data Retrieval Tool see your financial aid administrator.

If you are unable to use the IRS Data Retrieval Tool, then you must go to www.irs.gov and print off an official IRS Tax Return Transcript. (**NOTE:** there is a Tax Account Transcript, but we cannot use that form.)

Check the box that applies: _____ used the Data Retrieval Tool (_____ date used) _____ will use the Data Retrieval Tool
 _____ IRS Tax Return Transcript is attached _____ will send IRS Tax Return Transcript later

OPTION B: ONLY complete this section if you do not file taxes. List all names of employers and the amount earned for each job. **PLEASE ATTACH the 2015 W2s supporting this information.**

Employer’s Name	Student OR Spouse	2015 Wages Earned
	____ Student ____ Spouse	
	____ Student ____ Spouse	
	____ Student ____ Spouse	
	____ Student ____ Spouse	

D. SOURCES OF INCOME FOR LIVING EXPENSES

1. Complete this section if the student **did not file taxes AND did not have any earned income in 2015.**

Name of Federal/State Assistance Program You are Receiving Assistance From	Amount of Aid Received in 2015

E. STUDENT’S TAX FILING STATUS FOR 2015

For 2015, what was your tax filing status according to your tax return?

- ____ Single
- ____ Head of Household
- ____ Married – filed joint return
- ____ Married – filed separate return
- ____ Qualifying widow(er)

Student Name: _____ Student ID Number: _____

F. INDEPENDENT STUDENT’S OTHER INFORMATION TO BE VERIFIED

- 1. Complete this section if someone in the student’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

_____ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. If asked by the student’s school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

- 2. Either I, or if married my spouse who is listed in Section B of this worksheet, paid, or received child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student’s name and Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

G. CERTIFICATION AND SIGNATURES

I certify that all of the information reported on it is complete and correct. **The student must sign and date this worksheet. If married, the spouse’s signature is optional.** **NOTE:** If e-signing, simply type your name and last 4-digits of your social security number and return it to us via e-mail; otherwise, print this out, sign and date it, then either fax it or mail it back to us (fax/address listed below).

Student’s Signature Last 4-digits of SS# _____
Date

Spouse’s Signature Last 4-digits of SS# _____
Date

SUBMIT this worksheet to the Financial Planning Office.
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