2017-2018 Verification Worksheet

Dependent Student – University of Dubuque – (V4/V5)

Your 2017-2018 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. Dependent Student's Information

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

B. Dependent Student's Family Information

WHO TO INCLUDE IN THIS SECTION:

- Yourself and your parent(s) including a step-parent) even if you don't live with your parent(s).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017-2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- 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 through June 30, 2018.
- Include the name of the college for any household member, EXCLUDING PARENT(S), who will be enrolled, <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018. *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 2017-2018 (only list college if student is less than 24 years of age)	ENROLLED at LEAST HALF TIME in '17- '18? Y/N
		(SELF)		

dent Name: Student ID Number:		
C: STUDENT INCOME INFORMATION to BE VERIFIED: (Plea instructions.)	se check the applicable boxes and then follow the corresponding	
STUDENT filed taxes in 2015: STUDENT did not file taxes, but did earn wages from working: STUDENT was not employed and had no income earned from work in 20		
OPTION A: The best way to verify income is by using the IRS Data I has not already used the tool, go to www.FAFSA.gov , log in to the st navigate to the Financial Information section of the form. From there, the use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information filled, you must wait up to two weeks (for electronic fillers) and unaccess the Data Retrieval Tool. If you need more information about whe aid administrator.	Retrieval Tool that is part of FAFSA on the Web. If the student tudent's FAFSA record, select "Make FAFSA Corrections," and follow the instructions to determine if the student is eligible to mation into the student's FAFSA. NOTE: Once your taxes have p to eight weeks for paper IRS tax return filers before you can	
If you are unable to use the IRS Data Retrieval Tool, then you must go to (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 attache	ed will send IRS Tax Return Transcript later	
OPTION B: ONLY COMPLETE THIS SECTION IF YOU DID N earned for each job. PLEASE ATTACH the 2015 W2s supporting this info	• •	
Employer's Name	2015 Wages Earned	
D. PARENT INCOME INFORMATION to BE VERIFIED: (Please instructions.) PARENT filed taxes in 2015: PARENT did not file taxes, but did earn wages from working:	e check the applicable boxes and follow the corresponding YES (complete Option A below and SKIP to Sec E) YES (SKIP to Option B below)	
PARENT was not employed and had no income earned from work in 20:		
OPTION A: The best way to verify income is by using the IRS Data has not already used the tool, go to www.FAFSA.gov , log in to the st navigate to the Financial Information section of the form. From there, use the IRS Data Retrieval Tool to transfer 2015 IRS income tax inform been filed, you must wait up to two weeks (for electronic filers) and u access the Data Retrieval Tool. If you need more information about whaid administrator.	tudent's FAFSA record, select "Make FAFSA Corrections," and follow the instructions to determine if the parent is eligible to mation into the student's FAFSA. NOTE: Once your taxes have p to eight weeks for paper IRS tax return filers before you can	
If you are unable to use the IRS Data Retrieval Tool, then you must go to (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 attache	ed will send IRS Tax Return Transcript later	
OPTION B: ONLY COMPLETE THIS SECTION IF YOU DID NO earned for each job. PLEASE ATTACH the 2015W2s supporting this info	• •	
Employer's Name	2015 Wages Earned	

Ε.	SOURCES OF INCOME FOR LIVING EXPENSES					
	 Complete this section if the student's parent's did not file taxes AND did not have any earned income in 2015. 					
	Name of Federal/State Assistance Program You are Receiving Assistance From	ount of Aid Received in 2015				
	STUDENT'S HIGH SCHOOL COMPLETION STATUS					
	Please check the option that applies to the incoming student regarding their education status predocumentation is part of the admissions process at the university, so there is no need to attach a documentation is required, your financial aid office will notify you. High school diploma or high school transcript including graduation date. Official documentation from high school counselor stating your graduation date and rediploma/transcript is unavailable. General Education Development (GED) Certificate. State certificate stating you have passed a State-authorized examination recognized as Homeschooled student, w/ a transcript or equivalent, signed by parent or guardian, lis you have completed and documentation that you have successfully completed second	eason why high school s equivalent to diploma. ting secondary school courses				
	Homeschooled with a secondary school completion credential provided under State la	w.				
	Completed a two-year program (ex. Associate's degree) acceptable for full credit toward a bachelor's degree.					

Source of Untaxed Income	\$ Amt of Student's Untaxed Income	\$ Amt of Parent's Untaxed Income
a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. DON'T INCLUDE amounts reported in code DD (employer contributions toward employee health benefits).		
o. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.		
c. Child support RECEIVED for any of your children. DON'T INCLUDE foster care or adoption payments.		
d. Tax exempt interest income form IRS Form 1040 – line 8b or 1040A – line 8b.		
e. Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). EXCLUDE ROLLOVERS. If negative, enter a zero here.		
f. Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). EXCLUDE ROLLOVERS . If negative, enter a zero nere.		
g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). DON'T NCLUDE the value of on-base military housing or the value of a basic military		

allowance for housing.

support agreement.

allowances.

N/A

h. Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study

i. Other untaxed income not reported in items a through h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS 1040 – line 25. **DON'T INCLUDE** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SuppOlemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial

information is not reported on this form and that is not part of a legal child

ent Name:			Student ID Number:
DOCUMENTATI	ON TO IDENTITY/STATEMENT	OF EDUCATIONAL PURPOS	SE
government issuauthorized finar	ued ID (such as a driver's licens ncial aid administrator. Your fir	e, military ID, passport, etc nancial aid administrator wi	person at your postsecondary institution and present yo be and this verification worksheet to an institutionally Il need to validate the statement below at the time of the nature and date. If you cannot appear in pers
	• •	•	opy of your government issued ID and th
worksheet i	notarized by a notary p	oublic (BELOW).	
Statement of Ed	lucational Purpose		
		m the individual signing th	s Statement of Educational Purpose and that the federal
student financia	Print Student's Name) Il assistance I may receive will o Ibuque for 2016-2017.	only be used for education	al purposes and to pay the cost of attending
Student's Signa	ature and Date	Financial Aid	Administrator Signature and Date
Note and Contiff		OT Eav or a mail t	his to LID was a state of the same and a
Notary's Certific mail it to addre	•	Ji Fax or e-mail t	his to UD. We need an original signature so please
State of	City	/County of	on
_	-		
Before me, _	pers	(pri	inted name of signer)
And provided to	o me on basis of satisfactory e		
-		(*	type of government-issued photo ID provided)
	e-named person who signed th		
WITNESS my ha	nd and official seal	(Notary Signature)	(Date commission expires)
(Caal)		, , , ,	, ,
(Seal)			
CERTIFICATION AND CICALATURES		you may be fined, be se	sely give false or misleading information on this worksheet, ntenced to jail, or both.
Fach nerson	signing this worksheet ce	rtifies that all of the in	oformation reported on it is complete and corr
•			Due to the need for original signatur
	•		mail it to the address below.
Student's Ty	 /ped Signature		 Date
Student ST)	rpeu signature		Date
	oed Signature		Date

SUBMIT this worksheet to: