

# 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 (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. 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, **at least half time** 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 <small>(only list college if student is less than 24 years of age)</small>	ENROLLED at LEAST HALF TIME in ‘17- ‘18? Y/N
		<b>(SELF)</b>	University of Dubuque	

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**C. STUDENT INCOME INFORMATION:** Check the applicable box and follow the corresponding instructions.

- STUDENT filed taxes in 2015. Complete **Option A**, then go to **Section D**.
- STUDENT did **not** file taxes and is not required to file taxes, but did earn wages from working. Complete **Option B**, then go to **Section D**.
- STUDENT was not employed and had no income earned from work in 2015. Skip to **Section D**.

**OPTION A:** Provide a signed copy of the student’s 2015 Taxes or a copy of the student’s 2015 IRS Tax Return Transcript. An IRS Tax Return Transcript can be requested at [www.irs.gov](http://www.irs.gov), or by calling 1-800-908-9946, or by completing and mailing or faxing IRS Form 4506-T. (Note: An IRS Tax Account Transcript is not acceptable for verification purposes.)

- Check box that applies:
- Signed IRS Tax Return is Attached
  - IRS Tax Return Transcript is Attached

**OPTION B:** Only complete this section if you did **not** file taxes. List the names of all employers and the amount earned for each job in 2015. A Form W-2 from 2015 must be attached for each employer listed.

Employer’s Name	2015 Wages Earned

**D. PARENT INCOME INFORMATION:** Check the applicable box and follow the corresponding instructions.

- PARENT filed taxes in 2015. Complete **Option A**, then go to **Section E**.
- PARENT did **not** file taxes and is not required to file taxes, but did earn wages from working. Complete **Option B**, then go to **Section E**.
- PARENT was not employed and had no income earned from work in 2015. Skip to **Section E**.

**OPTION A:** Provide a signed copy of the parent’s 2015 Taxes or a copy of the parent’s 2015 IRS Tax Return Transcript. An IRS Tax Return Transcript can be requested at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946, or by completing and mailing or faxing IRS Form 4506-T. (Note: An IRS Tax Account Transcript is not acceptable for verification purposes.)

- Check box that applies:
- Signed IRS Tax Return is Attached
  - IRS Tax Return Transcript is Attached

**OPTION B:** Only complete this section if you did **not** file taxes. List the names of all employers and the amount earned for each job in 2015. A Form W-2 from 2015 must be attached for each employer listed.

Employer’s Name	2015 Wages Earned

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**E. 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	Amount of Aid Received in 2015

**F. STUDENT’S HIGH SCHOOL COMPLETION STATUS:**

Please check the option that applies to the incoming student regarding their education status prior to attending college. This documentation is part of the admissions process at the university, so there is no need to attach it here. If additional 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 reason why high school diploma/transcript is unavailable.
- General Education Development (GED) Certificate.
- State certificate stating you have passed a State-authorized examination recognized as equivalent to diploma.
- Homeschooled student, w/ a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education.
- Homeschooled with a secondary school completion credential provided under State law.
- Completed a two-year program (ex. Associate’s degree) acceptable for full credit toward a bachelor’s degree.

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**G. Student's and Parent's 2015 Untaxed Income:** If both parents report amounts, please combine amounts.

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. <b>DON'T INCLUDE</b> amounts reported in code DD (employer contributions toward employee health benefits).		
b. 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 <b>RECEIVED</b> for any of your children. <b>DON'T INCLUDE</b> foster care or adoption payments.		
d. Tax exempt interest income from 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). <b>EXCLUDE ROLLOVERS</b> . 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). <b>EXCLUDE ROLLOVERS</b> . If negative, enter a zero here.		
g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <b>DON'T INCLUDE</b> the value of on-base military housing or the value of a basic military allowance for housing.		
h. Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.		
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. <b>DON'T INCLUDE</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental 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 support agreement.		<b>N/A</b>

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

## H. DOCUMENTATION TO IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a notary public (BELOW).**

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal  
(Print Student's Name)  
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending  
**University of Dubuque** for 2016-2017.

\_\_\_\_\_  
Student's Signature and Date

\_\_\_\_\_  
Financial Aid Administrator Signature and Date

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**Notary's Certificate of Knowledge – DO NOT Fax or e-mail this to UD. We need an original signature so please mail it to address below.**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

Before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
(printed name of signer)

And provided to me on basis of satisfactory evident of identification \_\_\_\_\_  
(type of government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_  
(Notary Signature) (Date commission expires)

(Seal)

## I. CERTIFICATION AND SIGNATURES

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

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **The student and one parent must sign and date. NOTE: Due to the need for original signatures, this form cannot be faxed or e-mailed.** Please mail it to the address below.

\_\_\_\_\_  
Student's Typed Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Typed Signature

\_\_\_\_\_  
Date

### SUBMIT this worksheet to:

University of Dubuque - Office of Financial Planning/Attn: Melissa Schmitt-2000 University Ave. Dubuque, IA 52001  
Phone: (563)589-3169 FAX: (563)589-3690 Email: [mschmitt@dbq.edu](mailto:mschmitt@dbq.edu)