2018-2019 Verification Worksheet

Independent Student – University of Dubuque – Standard (V1)

Your 2018-2019 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 Numbe	r (include Area Code)	Student's Alternative or Cell Phone Number		

B. INDEPENDENT STUDENT'S FAMILY INFORMATION

WHO TO INCLUDE IN THIS SECTION:

- Yourself.
- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018-2019. 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, 2019.

Include the name of the college for any household member 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, 2018, and June 30, 2019. *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 2018-2019	ENROLLED AT LEAST HALF TIME IN 2018-2019? Y/N
		(SELF)	University of Dubuque	

Student Name:		Student ID Number:	
INDEPENDENT STUDENT'S INCOME INFO Check the applicable box and then follow the corr)	
STUDENT filed taxes in 2016. Complete Option	ı A.		
STUDENT was not required to file taxes, but die	d earn wages from working in 2	016. Complete Option B & C.	
STUDENT was not required to file taxes, was no	ot employed, and had no incom	e earned from work in 2016. C	omplete Option
OPTION A: The best way to verify income is by student has not already used the tool, go to we Corrections," and navigate to the Financial Inform the student is eligible to use the IRS Data Retrieval If you are unable to use the IRS Data Retrieval To Transcript. (NOTE: There is a Tax Account Transco Check the box that applies: Used the Data Retrieval Tool (date used	ww.FAFSA.gov, log in to the stu mation section of the form. Fro val Tool to transfer 2016 IRS inc pol, then you must go to <u>www.i</u> cript, but we cannot use that fo	ident's FAFSA record, select "M om there, follow the instruction come tax information into the st i <u>rs.gov</u> and print an official IRS T rm.) Return Transcript is attached	ake FAFSA s to determine if tudent's FAFSA.
Will use the Data Retrieval Tool		d IRS Tax Return Transcript late	
OPTION B: Only complete this section if you dic each job. Attach the 2016 W2s supporting this in	d <u>not</u> file taxes. List all names o nformation.	f employers and the amount ea	arned for
OPTION B: Only complete this section if you dic	d <u>not</u> file taxes. List all names o		
OPTION B: Only complete this section if you dic each job. Attach the 2016 W2s supporting this in	d <u>not</u> file taxes. List all names on nformation. Student or Spouse's	f employers and the amount ea	arned for W2
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D. 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.

I certify that all of the information reported on this worksheet 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
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Last 4-digits of SS#

relevant tax authority. A "Verification of Non-Filing Letter" can be obtained at www.irs.gov.

Date

Date

Spouse's Signature

Last 4-digits of SS#

Submit this worksheet to:

University of Dubuque - Office of Financial Planning – Melissa Schmitt - 2000 University Ave. - Dubuque, IA 52001 Phone: (563)589-3169 FAX: (563)589-3690 Email: <u>mschmitt@dbq.edu</u>