2018-2019 Verification Worksheet

Dependent 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. DEPENDENT STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student's SSN
Student's Street Address (inclu	de 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. DEPENDENT STUDENT'S FAMILY INFORMATION

WHO TO INCLUDE IN THIS SECTION:

- YOURSELF AND YOUR PARENT(S) including a step-parent(s) 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, 2018, through June 30, 2019, or if the other children would be required to provide parental 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 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, 2019.

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, 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 (only list college if student is less than 24 years of age)	ENROLLED at LEAST HALF TIME in 2018-2019? Y/N
		(SELF)	University of Dubuque	

Student Name:	Student ID Number:	
C. STUDENT INCOME INFORMATION TO BE VERIFIED Check the applicable box and then follow the correspondence of t	ding instructions.	
STUDENT filed taxes in 2016. Complete Option A.		
STUDENT was not required to file taxes, but did earn	wages from working in 2016. Complete Option B.	
STUDENT was not required to file taxes, was not emp	ployed, and had no income earned from work in 2016. S	kip to Section [
student has not already used the tool, go to www.FA Corrections," and navigate to the Financial Information determine if the student is eligible to use the IRS Data student's FAFSA.	the IRS Data Retrieval Tool that is part of FAFSA on the NAFSA.gov, log in to the student's FAFSA record, select "Man section of the form. From there, follow the instructions Retrieval Tool to transfer 2016 IRS income tax informations."	ike FAFSA to on into the
If you are unable to use the IRS Data Retrieval Tool, the Transcript. (NOTE : There is a Tax Account Transcript, b	en you must go to www.irs.gov and print an official IRS Tout we cannot use that form.)	ax Return
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 late	
OPTION B: Only complete this section if you did <u>not</u> f each job. Attach the 2016 W2s supporting this inform	file taxes. List all names of employers and the amount ea pation.	rned for
Employer's	Name 2016 Wag	
	Earned	Attached

	nt Name: Student ID Number:					
ARENT INCOME INFORMATION TO BE						
eck the applicable box and then follow the	-					
PARENT filed taxes in 2016. Complete	Option A.					
PARENT was not required to file taxes,	but did earn wages from worki	ng in 2016. Complete Optio	n B & C.			
PARENT was not required to file taxes,	was not employed, and had no	income earned from work i	n 2016. Com	plete Opt		
OPTION A: The best way to verify incomparent has not already used the tool, g Corrections," and navigate to the Financi determine if the student is eligible to use student's FAFSA.	o to <u>www.FAFSA.gov</u> , log in to to it is a large of the fo	the student's FAFSA record, orm. From there, follow the i	select "Make instructions t	e FAFSA o		
If you are unable to use the IRS Data Ret Transcript. (NOTE : There is a Tax Accoun			official IRS Tax	x Return		
Chack the how that applies:						
Check the box that applies: Used the Data Retrieval Tool (da	ate used) $\ \square$	IRS Tax Return Transcript i	s attached			
Will use the Data Retrieval Tool		IRS Tax Return Transcript i Will send IRS Tax Return T	ranscript late	er		
OPTION P. Only complete this costion if						
OPTION B: Only complete this section if each job. Attach the 2016 W2s supporting		iames of employers and the	amount earr	ied for		
	Employer's Name		2016	W2		
			Wages Earned	Attache		
			Larrica	П		
OPTION C: Provide documentation such a or after October 1, 2017 that indicates a 2016 "Verification of Non-Filing Letter" can be obtained.	5 IRS income tax return was not file ained at www.irs.gov.		t tax authority	v. A		
		ely give raise or misleading information tenced to jail, or both.	tion on this wor			
ERTIFICATION AND SIGNATURES	you may be inled, be sent			ksheet,		
ERTIFICATION AND SIGNATURES Each person signing this worksheet certifice and one parent must sign and date. NOTI and return it to us via e-mail; otherwise, prinformation below.	es that all of the information re E: If e-signing , simply type your	name and last 4-digits of yo	ur social secu	student urity numl		
Each person signing this worksheet certifice and one parent must sign and date. NOTI and return it to us via e-mail; otherwise, p	es that all of the information re E: If e-signing , simply type your	name and last 4-digits of yo	ur social secu	student urity numl		
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