2018-2019 Verification Worksheet

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

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 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. DEPENDENT STUDENT'S INCOME INFORMATION TO BE VERIFIED Check the applicable box and then follow the corresponding 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 C	ption B.	
STUDENT was not required to file taxes, was not employed, and had no income earned from w	ork in 2016. S	kip to Section D.
OPTION A: The best way to verify income is by using the IRS Data Retrieval Tool that is part of FA student has not already used the tool, go to www.FAFSA.gov , log in to the student's FAFSA record Corrections," and navigate to the Financial Information section of the form. From there, follow the the student is eligible to use the IRS Data Retrieval Tool to transfer 2016 IRS income tax information. If you are unable to use the IRS Data Retrieval Tool, then you must go to www.irs.gov and print an Transcript. (NOTE: There is a Tax Account Transcript, but we cannot use that form.)	d, select "Mak e instructions ton into the stu	e FAFSA o determine if dent's FAFSA.
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) IRS Tax Return Transcri Will use the Data Retrieval Tool Will send IRS Tax Return	ot is attached n Transcript la	er
OPTION B: Only complete this section if you did <u>not</u> file taxes. List all names of employers and the each job. Attach the 2016 W2s supporting this information.	e amount earr	ned for
Employer's Name	2016 Wages Earned	W2 Attached
	Zumcu	

Student Name: Student ID Number:	<u>-</u>
D. PARENT INCOME INFORMATION to BE VERIFIED Check the applicable box and then follow the corresponding instructions.	
PARENT filed taxes in 2016. Complete Option A.	
PARENT was not required to file taxes, but did earn wages from working in 2016. Complete	Option B & C.
PARENT was not required to file taxes, was not employed, and had no income earned from v	
OPTION A: The best way to verify income is by using the IRS Data Retrieval Tool that is part of parent has not already used the tool, go to www.FAFSA.gov , log in to the student's FAFSA recommendations," and navigate to the Financial Information section of the form. From there, follow the student is eligible to use the IRS Data Retrieval Tool to transfer 2016 IRS income tax informations are unable to use the IRS Data Retrieval Tool, then you must go to www.irs.gov and print	ord, select "Make FAFSA the instructions to determine if tion into the student's FAFSA.
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 OPTION B: Only complete this section if you did not file taxes. List all names of employers and each job. Attach the 2016 W2s supporting this information.	urn Transcript later
Fundamenta Nama	2046 Weens Ferral
Employer's Name	2016 Wages Earned
 OPTION C: Provide documentation such as a "Verification of Non-Filing Letter" from the IRS or other report or after October 1, 2017 that indicates a 2016 IRS income tax return was not filed with the IRS or other rele "Verification of Non-Filing Letter" can be obtained at www.irs.gov. E. DEPENDENT STUDENT'S HIGH SCHOOL COMPLETION STATUS 	
Please check the option that applies to the incoming student regarding their education status prior to atte documentation is part of the admissions process at the university, so there is no need to attach it here. If 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 reaso diploma/transcript is unavailable.	n why high school
General Education Development (GED) Certificate.	
State certificate stating you have passed a State-authorized examination recognized as equ	uivalent to diploma.
Homeschooled student, w/ a transcript or equivalent, signed by parent or guardian, listing you have completed and documentation that you have successfully completed secondary	
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:	Stud	ent ID Number:
E. DOCUMENTATION OF IDENTITY/STATEMI In order to complete the verification process, the	e student must appear in person at the posts	
or her identity by presenting an unexpired valid other state-issued ID, or passport. The institution the date it was received and reviewed, and the r	on will maintain a copy of the student's photo	ID that is annotated by the institution with
In addition, the student must sign, in the presen	ce of the institutional official, the Statement	of Educational Purpose provided below.
If the student is unable to appear in person at the provide to the institution a copy of the unexpire statement below, or that is presented to a notar original Statement of Educational Purpose provides	d valid government-issued photo identification, such as, but not limited to, a driver's licens	on that is acknowledged in the notary
STA	ATEMENT OF EDUCATIONAL PURPO	SE
I certify that I	am the individual signing this Sta	tement of Educational Purpose and that the
I certify that I(Print Student's Name) Federal student financial assistance I may recei University of Dubuque for 2018-2019.		
Student's Signature	Date	Student ID Number
	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signa	
NOTARY	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs	
NOTARY Do <u>not</u> fax or email this State of City/County of//	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs	atures are required.
NOTARY Do <u>not</u> fax or email this State of City/County of/ On, before me,	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs	ppeared,(Student's Name)
NOTARY Do <u>not</u> fax or email this State of City/County of//	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signal signa	atures are required.
NOTARY Do <u>not</u> fax or email this State of City/County of/ On, before me,	y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signal [Notary's Name] [Ince of identification (Type of unexpired valid govern	ppeared,(Student's Name) to be th
NOTARY Do not fax or email this State of City/County of, before me, (Date) and proved to me on the basis of satisfactory evidence in the content of the	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs	ppeared,(Student's Name) to be th
NOTARY Do not fax or email this State of City/County of, before me, and proved to me on the basis of satisfactory evid above-named person who signed the foregoing in	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs , personally an, personally an, respectively and the second	ppeared,(Student's Name) to be the iment-issued photo identification provided.)
NOTARY Do not fax or email this State of City/County of, before me, On, before me, and proved to me on the basis of satisfactory evid above-named person who signed the foregoing in WITNESS my hand and official seal	Y'S CERTIFICATE OF ACKNOWLEDGEN s to the University of Dubuque. Original signs , personally ap , personally ap , personally ap	ppeared,(Student's Name) to be the imment-issued photo identification provided.)
NOTARY Do not fax or email this State of City/County of, before me, On, before me, and proved to me on the basis of satisfactory evid above-named person who signed the foregoing in WITNESS my hand and official seal	"Y'S CERTIFICATE OF ACKNOWLEDGE!" s to the University of Dubuque. Original signal """, personally appropriate to identification """ (Type of unexpired valid governous strument. """ WARNING: If you purposely give false or sent to prison, or both. Il of the information reported on it is completed.	ppeared,(Student's Name) [Student's Name] to be the student signature commission expires on the student and one parent and one parent student student and one parent student stud
NOTARY Do not fax or email this State of City/County of, before me, and proved to me on the basis of satisfactory evid above-named person who signed the foregoing in WITNESS my hand and official seal [SEAL] CERTIFICATION AND SIGNATURES Each person signing this worksheet certifies that al	"Y'S CERTIFICATE OF ACKNOWLEDGE!" s to the University of Dubuque. Original signal """, personally appropriate to identification """ (Type of unexpired valid governous strument. """ WARNING: If you purposely give false or sent to prison, or both. Il of the information reported on it is completed.	ppeared,(Student's Name) [Student's Name] to be the student signature commission expires on the student and one parent and one parent student student and one parent student stud

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: <u>mschmitt@dbq.edu</u>