2015-2016 Verification Worksheet

Dependent Student - University of Dubuque - Custom (V4/V5)

Your 2015-2016 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
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Student's Last Name	Student's First Name	Student's M.I.	Student's SSN
Student's Street Address (i	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

List below the people in your **parent(s) household**. INCLUDE:

- 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, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. 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, 2016.

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, 2015, and June 30, 2016. *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 2015-2016	WILL BE ENROLLED at LEAST HALF TIME? Y/N
		(SELF)		
				_

Student 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 2014: STUDENT did not file taxes, but did earn wages from working: STUDENT was not employed and had no income earned from work in 2	YES (complete Option A below) TES (complete Option B below) YES (proceed to Section D - Parent Information)
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 stravigate to the Financial Information section of the form. From there, use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information filed, you must wait up to two weeks (for electronic filers) and usecess 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 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 attached	ed will send IRS Tax Return Transcript later
OPTION B: List all names of employers and the amount earned for e	each job. PLEASE ATTACH the W2s supporting this information.
Employer's Name	2014 Wages Earned
D. PARENT INCOME INFORMATION to BE VERIFIED: (Please instructions.)	e check the applicable boxes and follow the corresponding
PARENT filed taxes in 2014: PARENT did not file taxes, but did earn wages from working: PARENT was not employed and had no income earned from work in 20	YES (complete Option A below) YES (complete Option B below) YES (proceed to Section E on following page)
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Student Name:			Stud	Student ID Number:				
	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 2014. 							
			II/State Assistance Program eceiving Assistance From	You are	Amoun	t of Aid Received in 2014		
	DADE	NIT/S OTHER INFO	DRAATION TO BE VERIFIED					
•	PAKE	NI 3 OTHER INFO	RMATION TO BE VERIFIED					
	 Complete this section if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) any time during the 2013 or 2014 calendar years. 							
	One of the persons listed in Section B of this worksheet received SNAP benefits in 2013 or 2014. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.							
		2. One (or both) of the student's parents listed in Section B of this worksheet paid child support in 2014. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that includes the student's name and Social Security Number at the top.						
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de	nt Name:		Student ID Number:				
	DOCUMENTATION TO IDENTITY/STATEMENT O	F EDUCATIONAL PURPOSE					
			son at your postsecondary institution and present your				
		rnment issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally					
			eed to validate the statement below at the time of				
			ure and date. If you cannot appear in person to subm				
	this worksheet, you will need to provide a copy	of your government issued	ID and this worksheet notarized by a notary public.				
	Statement of Educational Purpose						
		the individual signing this S	tatement of Educational Purpose and that the federal				
	(Print Student's Name) student financial assistance I may receive will or	nly he used for educational n	urnoses and to nay the cost of attending				
	student infancial assistance i may receive will of	ily be used for educational p	urposes and to pay the cost of attending				
	(Name of Callings Van Natil Assaul)		for 2014-2015.				
	(Name of College You Will Attend)						
	Student's Signature and Date	Financial Aid Ad	dministrator Signature and Date				
	Stadent 3 Signature and Date	r manetar y la y le	Animistrator signatare and succ				
	Notary's Certificate of Knowledge						
	State of City/O	County of	on				
	Before me, perso	fore me, personally appeared, (printed name of signer)					
	perso	nany appeared,(printe	ed name of signer)				
		· ·					
	And provided to me on basis of satisfactory evi	dent of identification					
		(type	e 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)						
		WARNING: If you purposely	give false or misleading information on this worksheet,				
	CERTIFICATION AND SIGNATURES	you may be fined, be sente	nced to jail, or both.				
			rmation reported on it is complete and corre				
	The student and one parent must sign	and date. NOTE: If e-sign	gning, simply type your name and last 4-digit				
	of your social security number and retu	ırn it to us via e-mail; ot	herwise, print this out, sign and date it, then				
	either fax it or mail it back to us (fax/ad	ldress listed below).					
	Student's Signature	Last 4-digits of SS#	 Date				
	Stadelit 3 Signature	Lust + digits Oi Jon	Dute				
	Parent's Signature	Last 4-digits of SS#	 Date				

SUBMIT this worksheet to the Financial Planning Office.