# 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

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 Nu	mber (include Area Code)		Student's Alternative or Cell Phone Number

### B. Dependent Student's Family Information

#### NAMES 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, 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.

**COLLEGE ATTENDING:** 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 (only list college if student is less than 24 years of age)	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 <b>did not</b> file taxes, but did earn wages from working: STUDENT was not employed and had no income earned from work in 20	
<b>OPTION A:</b> The best way to verify income is by using the <b>IRS Data I</b> has not already used the tool, go to <a href="www.FAFSA.gov">www.FAFSA.gov</a> , log in to the st navigate to the Financial Information section of the form. From there, use the IRS Data Retrieval Tool to transfer 2014 IRS income tax inform been filed, you must wait up to two weeks (for electronic filers) and u access 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. <b>NOTE:</b> 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 attache	ed will send IRS Tax Return Transcript later
<b>OPTION B:</b> List all names of employers and the amount earned for each	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 <b>did not</b> file taxes, but did earn wages from working:  PARENT was not employed and had no income earned from work in 20:	YES (complete <b>Option A</b> below) YES (complete <b>Option B</b> below) YES (proceed to <b>Section E</b> on following page)
<b>OPTION A:</b> The best way to verify income is by using the <b>IRS Data</b> has not already used the tool, go to <a href="www.FAFSA.gov">www.FAFSA.gov</a> , log in to the st navigate to the Financial Information section of the form. From there, use the IRS Data Retrieval Tool to transfer 2014 IRS income tax inform been filed, you must wait up to two weeks (for electronic filers) and u access 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 parent is eligible to mation into the student's FAFSA. <b>NOTE:</b> Once your taxes have p to eight weeks for paper IRS tax return filers before you can
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Check the box that applies: used the Data Retrieval Tool (	date used) will use the Data Retrieval Tool
IRS Tax Return Transcript is attache	ed will send IRS Tax Return Transcript later
<b>OPTION B:</b> List all names of employers and the amount earned for o	each job. PLEASE ATTACH the W2s supporting this information.
Employer's Name	2014 Wages Earned

E.	SOURCES OF INCOME FOR LIVING EXPENSES							
		Complete this section n 2014.	if the student's parent's <b>did no</b>	t file taxes AND did no	ot have an	y earned income		
			I/State Assistance Program Y eceiving Assistance From	ou are	Amoun	t of Aid Received in 2014		
F.	PARI	PARENT'S OTHER INFORMATION TO BE VERIFIED						
	f	<ol> <li>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.</li> </ol>						
	_	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.						
		parent has indicated	student's parents listed in Sectio below the name of the person w	ho paid the child supp	ort, the na	ame of the person to		
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ent N	lame:		Student ID Number:
DOC	CUMENTATION TO IDENTITY/STATEMEN	T OF EDUCATIONAL PURPOSE	
			on at your postsecondary institution and present your
			nd this verification worksheet to an institutionally
auth	horized financial aid administrator. Your	financial aid administrator will ne	eed to validate the statement below at the time of
			ure and date. <b>If you cannot appear in person to subm</b>
this	worksheet, you will need to provide a c	opy of your government issued	ID and this worksheet notarized by a notary public.
Stat	tement of Educational Purpose		
l cer		am the individual signing this St	atement of Educational Purpose and that the federal
	(Print Student's Name)		
stud	dent financial assistance I may receive wi	If only be used for educational pi	urposes and to pay the cost of attending
			for 2015-2016.
(Nar	me of College You Will Attend)		
	Ident's Signature and Data	Financial Aid Ad	Insinistrator Construes and Date
Stu	udent's Signature and Date	Financial Ald Ad	lministrator Signature and Date
Not	ary's Certificate of Knowledge		
Stat	te of Ci	tv/County of	on
ветс	ore me, pe	rsonally appeared,	d name of signer)
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And	I provided to me on basis of satisfactory	evident of identification	
7 1110	provided to me on basis or satisfactory		e of government-issued photo ID provided)
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To b	be the above-named person who signed	the foregoing instrument.	
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WII	TNESS my hand and official seal	(Notary Signature)	(Date commission expires)
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		WARNING: If you purposely	give false or misleading information on this worksheet,
CEF	RTIFICATION AND SIGNATURES	you may be fined, be senter	nced to jail, or both.
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			rmation reported on it is complete and corre
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of y	your social security number and re	eturn it to us via e-mail; ot	herwise, print this out, sign and date it, ther
eith	her fax it or mail it back to us (fax,	/address listed below).	
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SUBMIT this worksheet to the Financial Planning Office.