2015-2016 Verification Worksheet

Independent Student – University of Dubuque – Household Resources (V6)

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.

Α.	Independen	t 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	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. Independent Student's Family Information

List below the people in your household. INCLUDE:

- Yourself.
- Your spouse, if you are married
- Your children, if any, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, or if the child would be required to provide your 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 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, 2016.

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, 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: INDEPENDENT STUDENT'S INCOME INF (Please check the applicable boxes and then follows)		
STUDENT filed taxes in 2014: STUDENT did not file taxes, but did earn wages STUDENT was not employed and had no incom		YES (complete Option A) YES (complete Option B) YES (proceed to Section D below)
OPTION A: The best way to verify income is the student has not already used the tool, go FAFSA Corrections," and navigate to the Finance determine if the student is eligible to use the the student's FAFSA. NOTE: Once your taxes hup to eight weeks for paper IRS tax return f information about when, or how to use the IRS	to www.FAFSA.gov, log in to to to a to to to to to to to to to the following the follo	he student's FAFSA record, select "Make rm. From there, follow the instructions to fer 2014 IRS income tax information into up to two weeks (for electronic filers) and Data Retrieval Tool. If you need more
If you are unable to use the IRS Data Retrieval Transcript. (NOTE : there is a Tax Account Trans		
Check the box that applies: used the D	ata Retrieval Tool (date u	sed) will use the Data Retrieval Tool
IRS Tax Ret	urn Transcript is attached	will send IRS Tax Return Transcript later
OPTION B: List all names of employers and t information.	he amount earned for each job.	PLEASE ATTACH the W2s supporting this
Employer's Name	Student OR Spouse	2014 Wages Earned
	Student Spouse Student Spouse	
	Student Spouse Student Spouse	
	StudentSpouse	
D. SOURCES OF INCOME FOR LIVING EX1. Complete this section if the student of		ave any earned income in 2014.
Name of Federal/State Assista Receiving Assist		Amount of Aid Received in 2014
E. STUDENT'S TAX FILING STATUS FOR 2	2014	
For 2014, what was your tax filing sta	atus according to your tax re	turn?
Single Head of Household Married – filed joint return Married – filed separate retu Qualifying widow(er)	ırn	

	ent Nam	ie		Student ID Num	nber:			
	INDEF	INDEPENDENT STUDENT'S OTHER INFORMATION TO BE VERIFIED						
 Complete this section if someone in the student'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 201 2014. If asked by the student's school, I will provide documentation of the receipt of S benefits during 2013 and/or 2014. 				-				
	2. Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2014. I have 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 sked 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 the top.				for whom child in 2014 for each child. upport. If you need			
an	ne of P	erson Who Paid	Name of Person to Whom	Name of Child for Whom	Amount of Child Suppo			
	Chile	d Support	Child Support was Paid	Support Was Paid	Paid in 2014			
	Please college	e check the option to e. This documentati tional documentati						
	Please college	e check the option to e. This documentati itional documentati High school diplo Official documer	hat applies to the incoming stud ion is part of the admissions pro- on is required, your financial aid oma or high school transcript inc	cess at the university, so there is office will notify you.	no need to attach it here.			
	Please college	e check the option to e. This documentati itional documentati High school diplo Official documen diploma/transcri	hat applies to the incoming stud ion is part of the admissions pro- on is required, your financial aid oma or high school transcript inc atation from high school counsel	cess at the university, so there is office will notify you. lluding graduation date. or stating your graduation date	no need to attach it here.			
	Please college	e check the option to e. This documentati itional documentati High school diplo Official documen diploma/transcri General Educatio	hat applies to the incoming studion is part of the admissions proton is required, your financial aidoma or high school transcript incontation from high school counselept is unavailable. On Development (GED) Certification	cess at the university, so there is office will notify you. lluding graduation date. or stating your graduation date	and reason why high school			
	Please college	e check the option to e. This documentati itional documentati High school diplo Official document diploma/transcri General Education State certificate diploma.	hat applies to the incoming studion is part of the admissions proton is required, your financial aid oma or high school transcript incontation from high school counselept is unavailable. On Development (GED) Certificate stating you have passed a State-tudent, w/ a transcript or equivalent.	cess at the university, so there is office will notify you. luding graduation date. or stating your graduation date are.	and reason why high school zed as equivalent to			
	Please college	e check the option to e. This documentational documentational documentational documentation of the complex of the complex of the courses you have education.	hat applies to the incoming studion is part of the admissions procon is required, your financial aid oma or high school transcript incontation from high school counsel pt is unavailable. On Development (GED) Certificate stating you have passed a State-tudent, w/ a transcript or equivale completed and documentation	cess at the university, so there is office will notify you. luding graduation date. or stating your graduation date and the state of	and reason why high school zed as equivalent to an , listing secondary school pleted secondary school			

Student Name: Student ID Number:

H. Student's 2014 Untaxed Income (if married enter combined amounts for you and your spouse).

Source of Untaxed Income	Amount of Untaxed Income
a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D,E,F,G,H and S. DON'T INCLUDE amounts reported in code DD (employer contributions toward employee health benefits).	
b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	
c. Child support RECEIVED for any of your children. DON'T INCLUDE foster care or adoption payments.	
d. Tax exempt interest income form IRS Form 1040 – line 8b or 1040A – line 8b.	
e. Untaxed portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). EXCLUDE ROLLOVERS. If negative, enter a zero here.	
f. Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). EXCLUDE ROLLOVERS . If negative, enter a zero here.	
g. Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). DON'T INCLUDE the value of on-base military housing or the value of a basic military allowance for housing.	
h. Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
i. Other untaxed income not reported in items a through h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS 1040 – line 25. DON'T INCLUDE extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SuppOlemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
j. Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	

		Student ID Number:
government issued ID (such as a driver's licen authorized financial aid administrator. Your fi submission by maintaining a copy of your phothis worksheet, you will need to provide a co	you will need to appear in pers se, military ID, passport, etc.) a nancial aid administrator will n oto ID and by providing a signat	son at your postsecondary institution and present your 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 submit ID and this worksheet notarized by a notary public.
Statement of Educational Purpose		
(Print Student's Name)		tatement of Educational Purpose and that the federal
student financial assistance I may receive will	only be used for educational p	urposes and to pay the cost of attending
University of Dubuque for 2015-2016.		
Student's Signature and Date	Financial Aid Ad	dministrator Signature and Date
Notary's Certificate of Knowledge		
State of City	y/County of	on
Before me,per	rsonally appeared,	
	(printe	ed name of signer)
And provided to me on basis of satisfactory	evident of identification	
	(typ	e of government-issued photo ID provided)
To be the above-named person who signed t	the foregoing instrument.	
WITNESS my hand and official seal		
William and Official Seal	(Notary Signature)	(Date commission expires)
(co2)		
(Seal)		
(Seal)		
(Seal) CERTIFICATION AND SIGNATURES	WARNING : If you purposely you may be fined, be sente	y give false or misleading information on this worksheet, nced to jail, or both.
CERTIFICATION AND SIGNATURES I certify that all of the information repairs worksheet. If married, the spous	you may be fined, be sented ported on it is complete a se's signature is optional. mber and return it to us were set to the second section of the second section of the second se	nd correct. The student must sign and date NOTE: If e-signing, simply type your name a via e-mail; otherwise, print this out, sign and
CERTIFICATION AND SIGNATURES I certify that all of the information repairs worksheet. If married, the spouslast 4-digits of your social security nu	you may be fined, be sented ported on it is complete a se's signature is optional. mber and return it to us were set to the second section of the second section of the second se	nd correct. The student must sign and date NOTE: If e-signing, simply type your name a via e-mail; otherwise, print this out, sign and

SUBMIT this worksheet to the Financial Planning Office.

University of Dubuque - Office of Financial Planning - 2000 University Ave. - Dubuque, IA 52001 PH: (563)589-3169 FAX: (563)589-3690 Email: tgronau@dbq.edu