## 2015-2016 Verification Worksheet

## Independent Student – University of Dubuque – Standard (V1)

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. | Independent    | Student's | Information     |
|----|----------------|-----------|-----------------|
| м. | IIIuepelluelli | Juan III  | IIIIOI IIIauoii |

| 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                               | 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<br>ATTENDING in 2015-2016 | WILL BE ENROLLED at LEAST HALF TIME? Y/N |
|-----------|-----|--------------|-----------------------------------|--|
|           |     | (SELF)       |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |
|           |     |              |                                   |  |

|  | nt Name:  |  | Student ID Number:   |
|--|---|--|--|
|  | <b>DEPENDENT STUDENT'S INCOME IN</b> lease check the applicable boxes and then follows:   |  |  |
| STUDE  | ENT filed taxes in 2014   | YES (complete <b>Option A</b> )  |  |
| STUDE  | ENT <b>did not</b> file taxes, but did earn wage  | s from working:  | YES (complete <b>Option B</b> )  |
| STUDE  | ENT was not employed and had no incon   | YES (proceed to <b>Section D</b> below)  |  |
| the st<br>FAFSA<br>deterr<br>the st<br>up to<br>inforn | udent has not already used the tool, go<br>Corrections," and navigate to the Finan<br>mine if the student is eligible to use the<br>udent's FAFSA. <b>NOTE:</b> Once your taxes leight weeks for paper IRS tax return<br>nation about when, or how to use the IRS | o to <a href="https://www.FAFSA.gov">www.FAFSA.gov</a> , log in a cial Information section of the IRS Data Retrieval Tool to the have been filed, you must we filers before you can access S Data Retrieval Tool see you Tool, then you must go to <a href="https://www.www.www.gov.nust.go">www.www.www.gov.nust.go</a> to <a href="https://www.www.gov.nust.go">www.www.gov.nust.go</a> to <a href="https://www.www.go.nust.go">www.www.gov.nust.go</a> to <a href="https://www.www.go.nust.go">www.www.go</a> to <a href="https://www.www.go">www.www.go</a> to <a href="https://www.www.go">www.www.go</a> to <a href="https://www.www.go">www.www.go</a> to <a href="https://www.www.go">www.www.www.go</a> to <a href="https://www.www.go">www.www.www.go</a> to <a href="https://www.www.go">www.www.www.www.www.www.www.www.go</a> to <a href="https://www.www.go">www.www.www.www.www.www.www.www.www.ww</a>  | ww.irs.gov and print off an official IRS Tax Returr  |
| Check  | the box that applies: used the  | Data Retrieval Tool (  | date used) will use the Data Retrieval To  |
|  | IRS Tax Re  | eturn Transcript is attached   | will send IRS Tax Return Transcript late   |
|  | nation.  Employer's Name  | Student OR Spouse  | job. PLEASE ATTACH the W2s supporting this 2014 Wages Earned   |
|  |   |  | zor: wages zamea   |
|  |   | Student Spo  | ouse and a supplier of the sup |
|  |   |  | -  |
|  |   | Student Spo  | ouse   |
|  |   | Student Spo  | ouse ouse  |
|  | SOURCES OF INCOME FOR LIVING EX  1. Complete this section if the student  Name of Federal/State Assist  Receiving Assist  | Student Sport Sport Student Student Student Sport Student Stud | ouse<br>ouse<br>ouse   |
|  | <ol> <li>Complete this section if the student</li> <li>Name of Federal/State Assist</li> </ol>  | Student Sport Sport Student St | ouse ouse ouse ouse ouse outhave any earned income in 2014.  Amount of Aid Received in   |
|  | <ol> <li>Complete this section if the student</li> <li>Name of Federal/State Assist</li> </ol>  | Student Sport Sport Student Student Sport Student  | ouse ouse ouse ouse ouse outhave any earned income in 2014.  Amount of Aid Received in   |
| E. S   | 1. Complete this section if the student  Name of Federal/State Assist  Receiving Assist   | Student Sport Sport Student Sport Student Sport Student Sport Student Sport Student Sport Student Student Sport Student Studen | ouse ouse ouse ouse  ot have any earned income in 2014.  Amount of Aid Received in 2014  |
| E. 9   | Name of Federal/State Assist Receiving Assist STUDENT'S TAX FILING STATUS FOR For 2014, what was your tax filing st   | Student Sport Sport Student Sport Student Sport Student Sport Student Sport Student Sport Student Student Sport Student Studen | ouse ouse ouse ouse  ot have any earned income in 2014.  Amount of Aid Received in 2014  |
| E. 9   | Name of Federal/State Assist Receiving Assist   | Student Sport Sport Student Sport Student Sport Student Sport Student Sport Student Sport Student Student Sport Student Studen | ouse ouse ouse ouse  ot have any earned income in 2014.  Amount of Aid Received in 2014  |
| Ξ. 9   | Name of Federal/State Assist Receiving Assist STUDENT'S TAX FILING STATUS FOR For 2014, what was your tax filing st Single  | Student Sport Sport Student Sport Student Sport Student Sport Student Sport Student Sport Student Student Sport Student Studen | ouse ouse ouse ouse  ot have any earned income in 2014.  Amount of Aid Received in 2014  |
| E. 9   | Name of Federal/State Assist Receiving Assist STUDENT'S TAX FILING STATUS FOR For 2014, what was your tax filing st  Single Head of Household   | Student Sport Sport Student Sport Student Sport Student Sport Student Sport Student Sport Student Student Sport Student Studen | ouse ouse ouse ouse  ot have any earned income in 2014.  Amount of Aid Received in 2014  |

| F.  | INI  | INDEPENDENT STUDENT'S OTHER INFORMATION TO BE VERIFIED |                        |               |              |                |              |  |  |
|-----|--|--|------------------------|---------------|--------------|----------------|--------------|--|--|
|     | <ol> <li>Complete this section if someone in the student's household (listed in Section B) received<br/>benefits from the Supplemental Nutrition Assistance Program (SNAP) (formerly known as food<br/>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.   |  |                        |               |              |                |              |  |  |
|     | 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. 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. |  |                        |               |              |                |              |  |  |
| Nar | Name of Person Who Paid Name of Person to Whom Name of Child for Whom Amount of Child Support  |  |                        |               |              |                |              |  |  |
|     | C  | hild Support   | Child Support was Paid |               | Suppor       | t Was Paid     | Paid in 2014 |  |  |
|     |  |  |                        |               |              |                |              |  |  |
|     |  |  |                        |               |              |                |              |  |  |
| G.  | CERTIFICATION AND SIGNATURES  WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.  I certify that all of the information reported on it is complete and correct. The student must sign and date this worksheet. If married, the spouse's signature is optional. NOTE: If e-signing, simply type your name last 4-digits of your social security number and return it to us via e-mail; otherwise, print this out, sign and date it, then either fax it or mail it back to us (fax/address listed below).                        |  |                        |               |              |                |              |  |  |
|     | St   | cudent's Signature                                     | Last 4-digits          |               | of SS#       | # Date         |              |  |  |
|     | Sp   | oouse's Signature                                      |                        | Last 4-digits | of SS# Date  |                | <del></del>  |  |  |
|     |  | SI   | JBMIT this wor         | ksheet to th  | ne Financial | Planning Offic | е.           |  |  |
|     | University of Dubuque<br>Office of Financial Planning – Terri Gronau   |  |                        |               |              |                |              |  |  |

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_

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