

# 2016-2017 Verification Worksheet

## *Independent Student – University of Dubuque (V4/V5V6)*

Your 2016-2017 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. Independent 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 Number (include Area Code)			Student’s Alternative or Cell Phone Number

### B. Independent Student’s Family Information

#### WHO TO INCLUDE IN THIS SECTION:

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, 2016 through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016-2017. 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, 2017.
- Include the name of the college for any household member who will be enrolled, **at least half time** in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *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 2016-2017	WILL BE ENROLLED at LEAST HALF TIME? Y/N
		<b>(SELF)</b>		

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

**C: INDEPENDENT STUDENT’S INCOME INFORMATION to BE VERIFIED:**

(Please check the applicable boxes and then follow the corresponding instructions.)

STUDENT filed taxes in 2015: \_\_\_\_\_ YES (complete **Option A**; **SKIP to Section D**)  
 STUDENT **did not** file taxes, but did earn wages from working: \_\_\_\_\_ YES (**SKIP to Option B**)  
 STUDENT was not employed and had no income earned from work in 2015. \_\_\_\_\_ YES (**SKIP to Section D** below)

**OPTION A:** The best way to verify income is by using the **IRS Data Retrieval Tool** that is part of FAFSA on the Web. If the student has not already used the tool, go to [www.FAFSA.gov](http://www.FAFSA.gov), log in to the student’s FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if the student is eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into the student’s FAFSA. **NOTE:** Once your taxes have been filed, you must wait up to two weeks (for electronic filers) and up to eight weeks for paper IRS tax return filers before you can access the Data Retrieval Tool. If you need more information about when, or how to use the IRS Data Retrieval Tool see your financial aid administrator.

If you are unable to use the IRS Data Retrieval Tool, then you must go to [www.irs.gov](http://www.irs.gov) and print off an official IRS Tax Return 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  
 \_\_\_\_\_ IRS Tax Return Transcript is attached \_\_\_\_\_ will send IRS Tax Return Transcript later

**OPTION B: ONLY complete this section if you did not file taxes.** List all names of employers and the amount earned for each job. **PLEASE ATTACH the W2s supporting this information.**

Employer’s Name	Student OR Spouse	2015 Wages Earned
	____ Student      ____ Spouse	
	____ Student      ____ Spouse	
	____ Student      ____ Spouse	
	____ Student      ____ Spouse	

**D. SOURCES OF INCOME FOR LIVING EXPENSES**

1. Complete this section if the student **did not file taxes AND did not have any earned income in 2015.**

Name of Federal/State Assistance Program You are Receiving Assistance From	Amount of Aid Received in 2015

**E. STUDENT’S TAX FILING STATUS FOR 2015**

For 2015, what was your tax filing status according to your tax return?

- \_\_\_\_\_ Single
- \_\_\_\_\_ Head of Household
- \_\_\_\_\_ Married – filed joint return
- \_\_\_\_\_ Married – filed separate return
- \_\_\_\_\_ Qualifying widow(er)

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

**F. INDEPENDENT STUDENT’S OTHER INFORMATION TO BE VERIFIED**

1. 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 2014 or 2015 calendar years.

\_\_\_\_\_ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. If asked by the student’s school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

2. Either I, or if married my spouse who is listed in Section B of this worksheet, paid or received, child support in 2015. 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 2015 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.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

**G. STUDENT’S HIGH SCHOOL COMPLETION STATUS**

Please check the option that applies to the incoming student regarding their education status prior to attending college. This documentation is part of the admissions process at the university, so there is no need to attach it here. If additional documentation is 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 reason why high school diploma/transcript is unavailable.
- \_\_\_\_\_ General Education Development (GED) Certificate.
- \_\_\_\_\_ State certificate stating you have passed a State-authorized examination recognized as equivalent to diploma.
- \_\_\_\_\_ Homeschooled student, w/ a transcript or equivalent, signed by parent or guardian , listing secondary school courses you have completed and documentation that you have successfully completed secondary school education.
- \_\_\_\_\_ 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: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**H. Student’s 2015 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. <b>DON'T INCLUDE</b> 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 <b>RECEIVED</b> for any of your children. <b>DON'T INCLUDE</b> foster care or adoption payments.	
d. Tax exempt interest income from 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). <b>EXCLUDE ROLLOVERS</b> . 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). <b>EXCLUDE ROLLOVERS</b> . 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). <b>DON'T INCLUDE</b> 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. <b>DON'T INCLUDE</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental 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 Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

**I. DOCUMENTATION TO IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE**

In order to complete the verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit 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**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the federal  
(Print Student’s Name)  
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending  
**University of Dubuque** for 2016-2017.

\_\_\_\_\_  
Student’s Signature and Date

\_\_\_\_\_  
Financial Aid Administrator Signature and Date

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**Notary’s Certificate of Knowledge - DO NOT Fax or e-mail this to UD. We need an original signature so please mail it to address below.**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

Before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
(printed name of signer)

And provided to me on basis of satisfactory evident of identification \_\_\_\_\_  
(type 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, you may be fined, be sentenced to jail, or both.

**J. CERTIFICATION AND SIGNATURES**

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: DO NOT FAX or E-MAIL.** We must have the original signature. Please drop the completed form into the mail at the address below.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Date

**SUBMIT this worksheet to the Financial Planning Office.**

**University of Dubuque - Office of Financial Planning – Terri Gronau - 2000 University Ave. - Dubuque, IA 52001 PH: (563)589-3169 FAX: (563)589-3690 Email: [tgronau@dbq.edu](mailto:tgronau@dbq.edu)**