## 2017-2018 Verification Worksheet

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

Your 2017-2018 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
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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 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, 2017 through June 30, 2018, or if the child would be required to provide your information if they were completing a FAFSA for 2017-2018. 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, 2018.

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, 2017, and June 30, 2018. *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 2017-2018	WILL BE ENROLLED at LEAST HALF TIME? Y/N
		(SELF)		

Student Name:		Student ID Number:
C: INDEPENDENT STUDENT'S INCOME IN (Please check the applicable boxes and then fo		ED:
STUDENT filed taxes in 2015 STUDENT <b>did not</b> file taxes, but did earn wage STUDENT was not employed and had no incon		
<b>OPTION A:</b> The best way to verify income is the student has not already used the tool, go FAFSA Corrections," and navigate to the Finandetermine if the student is eligible to use the the student's FAFSA. <b>NOTE:</b> Once your taxes up to eight weeks for paper IRS tax return information about when, or how to use the IRS If you are unable to use the IRS Data Retrieval	o to www.FAFSA.gov, log in acial Information section of the IRS Data Retrieval Tool to the have been filed, you must was filers before you can access S Data Retrieval Tool see you	to the student's FAFSA record, select "Make e form. From there, follow the instructions to ransfer 2015 IRS income tax information into ait up to two weeks (for electronic filers) and the Data Retrieval Tool. If you need more
Transcript. ( <b>NOTE</b> : there is a Tax Account Tran		<del></del> -
Check the box that applies: used the	Data Retrieval Tool (	date used) will use the Data Retrieval Tool
IRS Tax Ro	eturn Transcript is attached	will send IRS Tax Return Transcript later
<b>OPTION B:</b> ONLY complete this section if yo each job. <b>PLEASE ATTACH the 2015 W2s supp</b>		ames of employers and the amount earned for
Employer's Name	Student OR Spouse	2015 Wages Earned
	Student Spo	use
	Student Spo	
		ouse
	Student Spo	use use
<ul><li>D. SOURCES OF INCOME FOR LIVING EX</li><li>1. Complete this section if the student</li></ul>	Student Spo	ouse ouse
	Student Spo	ouse ouse
Complete this section if the student	Student Spo KPENSES  did not file taxes AND did not ance Program You are	ouse out have any earned income in 2015.
Complete this section if the student     Name of Federal/State Assist	Student Spo KPENSES  did not file taxes AND did not ance Program You are	ot have any earned income in 2015.  Amount of Aid Received in
Complete this section if the student     Name of Federal/State Assist	Student Spo KPENSES  did not file taxes AND did not ance Program You are	ot have any earned income in 2015.  Amount of Aid Received in
Complete this section if the student     Name of Federal/State Assist     Receiving Assist	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in
Complete this section if the student     Name of Federal/State Assist	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in
Complete this section if the student     Name of Federal/State Assist     Receiving Assist	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in 2015
Complete this section if the student     Name of Federal/State Assist     Receiving Assist  E. STUDENT'S TAX FILING STATUS FOR For 2015, what was your tax filing st	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in 2015
Complete this section if the student     Name of Federal/State Assist     Receiving Assis  E. STUDENT'S TAX FILING STATUS FOR	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in 2015
1. Complete this section if the student  Name of Federal/State Assist  Receiving Assist  E. STUDENT'S TAX FILING STATUS FOR  For 2015, what was your tax filing st  Single	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in 2015
Complete this section if the student     Name of Federal/State Assist     Receiving Assist  E. STUDENT'S TAX FILING STATUS FOR For 2015, what was your tax filing st  Single Head of Household	Student Spo	ot have any earned income in 2015.  Amount of Aid Received in 2015

ent Name:		Student ID Number:
CERTIFICATION AND SIGNATU		y give false or misleading information on this worksheet, nced to jail, or both.
1 : : : - : - : - : - : - : - : -		and a constant with a second state of the constant of the cons
this worksheet. If married, the last 4-digits of your social secu	e spouse's signature is optional	nd correct. <b>The student must sign and date NOTE:</b> If <b>e-signing</b> , simply type your name via e-mail; otherwise, print this out, sign and d below).
this worksheet. If married, the last 4-digits of your social secu	e spouse's signature is optional urity number and return it to us were	<b>NOTE:</b> If <b>e-signing</b> , simply type your name via e-mail; otherwise, print this out, sign and

IBMIT this worksheet to the Financial Planning Office University of Dubuque Office of Financial Planning – Melissa Schmitt 2000 University Ave. Dubuque, IA 52001

Dubuque, IA 52001 PH: (563)589-3169 FAX: (563)589-3690

Email: mschmitt@dbq.edu