2014-2015 Verification Worksheet

Independent Student - University of Dubuque - Custom (V4/V5)

Your 2014-2015 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. In	dependent	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 (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, 2014 through June 30, 2015, or if the child would be required to provide your information if they were completing a FAFSA for 2014-2015. 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, 2015.

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, 2014, and June 30, 2015. *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 2014-2015	WILL BE ENROLLED at LEAST HALF TIME? Y/N
		(SELF)		

		udent ID Number:
C: INDEPENDENT STUDENT'S INCOME	INFORMATION to BE VERIFIED:	
(Please check the applicable boxes and then		
STUDENT filed taxes in 2013:		YES (complete Option A)
STUDENT did not file taxes, but did earn wa	ges from working:	YES (complete Option B)
STUDENT was not employed and had no inc	YES (proceed to Section D below)	
OPTION A: The best way to verify income is student has not already used the tool, go to Corrections," and navigate to the Financial determine if the student is eligible to use the student's FAFSA. NOTE: Once your taxe up to eight weeks for paper IRS tax returns information about when, or how to use the	o www.FAFSA.gov, log in to the studen al Information section of the form. From the IRS Data Retrieval Tool to transfer ses have been filed, you must wait up to in filers before you can access the Da	t's FAFSA record, select "Make FAFSA om there, follow the instructions to 2013 IRS income tax information into two weeks (for electronic filers) and ta Retrieval Tool. If you need more
If you are unable to use the IRS Data Retriev Transcript. (NOTE : there is a Tax Account Tr		
Check the box that applies: used th	e Data Retrieval Tool (date used	d) will use the Data Retrieval Too
		W LIBOT D : -
IRS Tax I	Return Transcript is attached	will send IRS Tax Return Transcript later
OPTION B: List all names of employers and information.		
Employer's Name	Student OR Spouse	2013 Wages Earned
	Student Spouse	
	StudentSpouseStudentSpouse	
	Student Spouse Student Spouse EXPENSES ant did not file taxes AND did not have a	_
Complete this section if the stude Name of Federal/State Ass	Student Spouse Student Spouse EXPENSES ant did not file taxes AND did not have a sistance Program You are	Amount of Aid Received in
Complete this section if the stude Name of Federal/State Ass	Student Spouse Student Spouse EXPENSES ant did not file taxes AND did not have a	_
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Complete this section if the stude Name of Federal/State Ass Receiving Ass E. STUDENT'S TAX FILING STATUS FO	Student Spouse Student Spouse EXPENSES Int did not file taxes AND did not have a sistance Program You are sistance From OR 2013	Amount of Aid Received in 2013
Complete this section if the stude Name of Federal/State Ass Receiving Ass E. STUDENT'S TAX FILING STATUS FO	Student Spouse Student Spouse EXPENSES Int did not file taxes AND did not have a sistance Program You are sistance From	Amount of Aid Received in 2013
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Name of Federal/State Ass Receiving Ass E. STUDENT'S TAX FILING STATUS FO For 2013, what was your tax filing	Student Spouse Student Spouse EXPENSES Int did not file taxes AND did not have a sistance Program You are sistance From OR 2013	Amount of Aid Received in 2013
1. Complete this section if the stude Name of Federal/State Ass Receiving Ass E. STUDENT'S TAX FILING STATUS FO For 2013, what was your tax filing Single Head of Household Married – filed joint return	Student Spouse Student Spouse EXPENSES Int did not file taxes AND did not have a sistance Program You are sistance From OR 2013 Estatus according to your tax return	Amount of Aid Received in 2013
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,	INE	DEPENDENT STUDEN	NT'S OTHER INFORMATION T	Student ID Number:			
	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 2012 or 2013 calendar years. One of the persons listed in Section B of this worksheet received SNAP benefits in 2012 or 2013. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2012 and/or 2013. 					
	2.	2013. I have indicated of the person to who support was paid, at If asked by the school.	nted below the name of the pendent the child support was pand the total annual amount opol, I will provide documentate	n Section B of this worksheet, paid child support in person who paid the child support, the name paid, the names of the children for whom child to of child support that was paid in 2013 for each child. ation of the payment of child support. If you need the student's name and Social Security Number at			
ar		f Person Who Paid hild Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Suppor		
		••					
•	Plea coll	ase check the option t lege. This documentati dditional documentati		, ,			
	Plea coll	ase check the option t lege. This documentati dditional 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.		
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dent Name:		Student ID Number:
government issued ID (such as a driver's lice authorized financial aid administrator. Your submission by maintaining a copy of your pl	s, you will need to appear in pers ense, military ID, passport, etc.) a financial aid administrator will n hoto ID and by providing a signat	son at your postsecondary institution and present your nd 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 subm ID and this worksheet notarized by a notary public.
Statement of Educational Purpose		
I certify that I (Print Student's Name)	am the individual signing this S	tatement of Educational Purpose and that the federal
student financial assistance I may receive w	ill only be used for educational p	urposes and to pay the cost of attending
·		for 2014-2015.
(Name of College You Will Attend)		
Student's Signature and Date	Financial Aid Ad	dministrator Signature and Date
Notary's Certificate of Knowledge		
State of C	ity/County of	on
Before me, p	ersonally appeared,	
To be the above-named person who signed WITNESS my hand and official seal(Seal)	the foregoing instrument.	e of government-issued photo ID provided) (Date commission expires)
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.
this worksheet. If married, the spoo	use's signature is optional. umber and return it to us v	nd correct. The student must sign and date NOTE: If e-signing , simply type your name a ria e-mail; otherwise, print this out, sign and d below).
Student's Signature	Last 4-digits of SS#	Date
Spouse's Signature	Last 4-digits of SS#	Date

SUBMIT this worksheet to the Financial Planning Office.

University of Dubuque - Office of Financial Planning - 2000 University Ave. - Dubuque, IA 52001 PH: (563)589-3170 FAX: (563)589-3690 Email: finaid@dbq.edu