

2015-16 Institutional Verification Worksheet – V6 (Contact V6_Group)

Do not mail this worksheet to the Department of Education. Please complete and Return by mail to:
 Kansas Wesleyan University Attn: Financial Aid, 100 E. Claflin Ave, Salina, KS 67401

Return by Fax: (785) 404-1485 or scan and e-mail to finaid@kwu.edu

IMPORTANT: Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification by the federal government. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education’s rules 34 CFR, Part 668. If you, your spouse OR your parents will not file taxes for 2014, please be sure to include amounts earned from work in Section B and attach copies of W-2 forms for all 2014 employers.

By law we have the right to ask for this information before awarding Federal Financial aid.
 No further processing will be done until all documentation is provided.

Last Name	First	Middle	KWU Student ID # or Social Security Number	Date
Email address			Phone number	

SECTION A: FAMILY INFORMATION

Dependent Students:

List the people in your parents’ household. **Include:**

- yourself and your parent(s) (including stepparent) even if you don’t live with your parents, **and**
- your parents’ other children even if they don’t live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2014, through June 30, 2015 or (b) the children would be required to provide parental information when applying for federal student aid, **and**
- other people if **they now live with your parents**, and your parents provide more than half of their support from July 1, 2014 through June 30, 2015.

Independent Students:

List the people in your household. **Include:**

- yourself, and your spouse if you have one, **and**
- your children, if you will provide more than half of their support from July 1, 2014 through June 30, 2015, **and**
- 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 from July 1, 2014 through June 30, 2015.

Full Name	Age	Relationship	College
		Self	Kansas Wesleyan
Office Use Only:	#		#
Office Use Only:	Office Use		Office Use Only: #
Office Use Only:	Office Use	Office Use Only: #	Office Use Only: #

Student Last Name First Middle K WU Student ID # or Social Security Number Date

SECTION B: TAX FILER INFORMATION

FOR THE STUDENT

Tax returns include the Federal 2014 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Check here if you will **not** file and are **not** required to file a 2014 U.S. Income Tax Return. Attach Student Non-Filer Form located on www.kwu.edu > Current Students > Student Financial Planning > Forms. Attach a copy of all 2014 W-2 forms.
- Check here if you have filed, **and** had your tax information imported to your 2015-16 FAFSA using the IRS Data Retrieval Tool
- I was unable to use the IRS Data Retrieval Tool. My 2014 IRS tax transcripts are attached

FOR THE PARENT/SPOUSE

Tax returns include the Federal 2014 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Parent/Spouse will not and is not required to file a 2014 Income Tax Return. Attach Parent Non-Filer Form located on www.kwu.edu > Current Students > Student Financial Planning > Forms. Attach a copy of all 2014 W-2 forms.
- Parent/Spouse filed a 2014 income tax return, **and** had their tax documents imported to the 2015-16 FAFSA using the IRS Data Retrieval Tool.
- Parent/Spouse unable to use IRS Data Retrieval Tool. Tax transcripts are attached.

SECTION C: FOOD STAMPS—SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

Dependent Students:

- My parents received benefits from the Supplemental Nutrition Assistance Program (SNAP - formerly known as food stamps) at any time during the 2014 calendar year.
- My parents **DID NOT** receive SNAP benefits during the 2014 calendar year.

Independent Students:

- My spouse or I received benefits from the Supplemental Nutrition Assistance Program (SNAP-formerly known as food stamps) at any time during the 2014 calendar year.
- My spouse or I **DID NOT** receive SNAP benefits during the 2014 calendar year.

SECTION D: CHILD SUPPORT PAID

Please confirm the following for anyone who is living in your household. Dependent students should include information about parents and anyone supported by and living in your parent’s household. Independent students should include information about their spouse and any children they support. (Please respond to either the dependent questions or the independent questions – not both)

Dependent Students:

- My parents paid child support during the 2014 calendar year (Complete the chart below).
- My parents **DID NOT** pay child support during the 2014 calendar year (Skip to Section E).

Independent Students:

- My spouse or I paid child support during the 2014 calendar year (Complete the chart below).
- My spouse or I **DID NOT** pay child support during the 2014 calendar year (Skip to Section E).

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child Support Paid in 2014

Office Use Only:

Student Last Name _____ First _____ Middle _____ K WU Student ID # or Social Security Number _____ Date _____

SECTION E: TOTAL UNTAXED INCOME RECEIVED IN 2014:

Please list annual amounts from all sources, and earnings for student and spouse. *Leave no blanks; enter a zero if you did not receive from source in 2014.*

Line #	Item	Parent(s) Of Dependent Students	All Students Student and Spouse	Office Use Only		
				Parent	Student	
1	Wages-Parent 1	Complete lines 1 – 4 only if you did NOT and were NOT required to file a federal income tax return.	\$		88	
2	Wages-Parent 2		\$		89	
3	Wages-Student			\$		39
4	Wages-Student's spouse			\$		40
5	Payments TO Tax-Deferred Pension and Savings			94a	45a	
6	Child Support Received	\$	\$	94c	45c	
7	Housing, food, & other living allowances for military, clergy, & others (include cash payments & cash value of benefits)	\$	\$	94g	45g	
8	Veteran's non-educational benefits (Death Pension, Dependency and Indemnity Compensation(DIC) and/or VA Educational Work Study Allowances)	\$	\$	94h	45h	
Other Untaxed Income Not Reported On Tax Return/FAFSA #						
9	Worker's Compensation	\$	\$	Total 94i	Total 45i	
10	Disability Benefits	\$	\$			
11	Other untaxed income or benefits such as Black Lung, etc.	\$	\$			
	Cash Support or any money paid on your behalf for expenses in your name		\$			45j

Do not report dollar amounts on FAFSA, but check (v) all programs below from which you received assistance in 2014:			Parent(s) of Dependent Students	All Students Student + Spouse	Office Use ONLY	
					Parent + Parent 2	Student + Spouse
v if received in 2014, do not enter \$						
12		Untaxed Social Security including SSI			75	97
13		Food stamps (SNAP)			76	98
14		Free/Reduced Price School Lunch program			77	99
15		"Welfare" (TANF)			78	100
16		WIC benefits			79	101

WARNING: If you purposely give false or misleading information in establishing eligibility for federal student aid, you may be subject to a Federal fine of up to \$20,000, a prison sentence, or both.

SECTION F: SIGNATURES: By signing this worksheet, I (we) certify that all the information reported to qualify for federal student aid is complete and correct. At least one parent must sign if you are a dependent student.

Student _____ Date _____ Parent (or Student's Spouse-optional) _____ Date _____

Parent Contact Information: (for parents of "Dependent Students only")	(Dependent = Parent Financial Information required on FAFSA.)
The Office of Student Financial Planning will use this information to contact the parent to quickly resolve questions to prevent delays in processing your awards.	
Parent who completed FAFSA Name: _____	
Parent who completed FAFSA: Email Address _____	@ _____
Parent who completed FAFSA: Cell Phone (_____) _____	- _____