

# 2015-16 Institutional VerificationWorksheet – V1

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.

> > Middle

Last Name

First

KWU Student ID # or Social Security Number

Date

Email address

## 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 parent(s) (including stepparent) even if you 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, 2015, through June 30, 2016 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, 2015 through June 30, 2016.

#### **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, 2015 through June 30, 2016, and

Phone number

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, 2015 through June 30, 2016.

Full Name	Age	Relationship	College
		Self	Kansas Wesleyan

Office Use Only: # Ini
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# Office of Student Financial Planning, Student Services Suite, Pioneer Hall 285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 827-5541, ext. 1260 FAX: (785) 404-1485 E-mail: finaid@kwu.edu

Last Na	ame	First	Middle	KW	/U Student	ID # or Social Security Number	Date	
SECTIO	)N B	: TAX FIL	ER INFORMATION					0.00
FOR THE	E STU	<u>DENT</u>						- Office Use Only:
Tax re	turns	include the F	ederal 2014 IRS Form 1040, 104	40A, 1040	EZ, a tax re	eturn from Puerto Rico or a foreign i	ncome tax return.	
	and	attach the 201	-			Income Tax Return. You will be req ich you can download from <u>www.kwr</u>	-	
	Check here if you have filed, and had your tax information imported to your 2014-15 FAFSA using the IRS Data Retrieval Tool							
	Plan	ning>Verifica		ation & Ta	ax Extensio	Current Student>Student Financial ons. Download the <u>2015-16 Verifica</u> g Office for further instructions.	tion Extension form.	
	I wa	s unable to us	se the IRS Data Retrieval Tool.	My 2014	IRS tax tra	nscripts are attached		
FOR THE	PARE	ENT/SPOUSE						
Tax re	Pare 2015	nt/Spouse wi 5-16 Statemer	ll not and is not required to file	a 2014 Inc nt of Deper	ome Tax R	eturn from Puerto Rico or a foreign in Return. You will be required to compl ent(s) which you can download from		
	Stud	ent>Student I		IRS Data	Retrieval>	y of IRS Form 4868. Go to <u>www.kw</u> Verification & Tax Extensions. Follo tructions.)		
			able to use IRS Data Retrieval T					
SECTIO	ON C	: FOOD S	TAMPS—SUPPLEMENTA	AL NUTH	RITION A	ASSISTANCE PROGRAM (SN	(AP)	
		the following estions – not		our househ	old. (Pleas	se respond to either the dependent q	uestions or the	
Depender	nt Stu	dents:			Independ	dent Students:		
	My I Supp (SNA time My I	parents receiv plemental Nut AP - formerly during the 20	ed benefits from the rition Assistance Program known as food stamps) at any 014 calendar year. NOT receive SNAP benefits alendar year.			My spouse or I received benefits fro Nutrition Assistance Program (SNA as food stamps) at any time during t year. My spouse or I <b>DID NOT</b> receive S the 2014 calendar year.	P-formerly known he 2014 calendar	
		-						
SECTIO	)N D	: CHILD S	UPPORT PAID					
anyone su	pporte	d by and livin		dependent	students sh	t students should include information nould include information about their s endent questions – not both)		
Depende					Indepen	dent Students:		
	Myı	parents paid c	hild support during the 2014		г		1	

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calendar year (Complete the chart below).

2014 calendar year (Skip to Section E).

My parents **DID NOT** pay child support during the

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



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Last Name

First

Middle

KWU Student ID # or Social Security Number Date

## SECTION D: CHILD SUPPORT PAID (Continued)

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:			
Initials	Date		

### SECTION E: SIGNATURES

**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.

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	If Dependent - Parent-required	Date
Student's Spouse (Optional)		Date	
Parent Contact Information for parents of "Dependent Students only" (Dependent students)		1	
The Office of Student Financial Planning will u prevent delays in processing your awards.	se this in	formation to contact the parent to qu	ickly resolve questions to
Parent who completed FAFSA Name:			
Parent who completed FAFSA: Email Add	lress		@
Parent who completed FAFSA: Cell Phone	e	( )	