2015-2016 Verification Worksheet Independent Student

Your 2015-2016 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 & your parents 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 other required documents. If there are differences, your FAFSA information may need to be corrected. You & at least one parent must complete and sign this worksheet, attach any required documents, and submit all forms to the financial aid administrator at your school. Your school may ask for additional information. If you have any questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent Stu	udent's Information	1						
Student's Last Name	First Name	M.I.	Student's	Social Security Number	r Studen	nt Number		
Student's Street Address (include Apt #)			Student's Date of Birth					
City	State	Zip Code	Student's	Student's Email Address				
Student's Home Phone Nu	Student's Home Phone Number			Student's Cell/Alternate Phone #				
June 30, 20 2016 FAFS • Other peop continue to	old Members: List int It's spouse It's or spouse's children It's or if the children It's form. Include chilole, if they now live we oprovide it through J	ren if they prov would be requi dren who meet ith the student tune 30, 2016	ride more t ired to pro t either sta and the st	than half the childro wide parental infor indard even if they udent/spouse provi	en's support t mation if they do not live wi de more than	from July 1, 2015 through y were completing a 2015-		
				I institution any time between July 1, 2015 and June 30, 2016. Inship Name of College Will be enrolled at				
			C alc	attending		least half-time (Y/N)		
		, A	Self					
C. Independent St 1. Complete this se					return			
☐ Check here if you	used the Data Retrieva	l Tool to transfe	er your 201	4 tax information from	om the IRS to	the FAFSA		
☐ Check here if you						•		
2. Complete this se						turn with the IRS		
	tudent was not employ							
	7-2 form is provided. (1	Provide a copy		- ·		from each employer in 2014 List every employer even if		
Employer's Name		2014 Amount	Earned	I	RS W-2 provi	ided (Yes/No)		

D. Spouse's Income Informa	D. Spouse's Income Information to be verified									
Spouse's email address:										
1. Complete this section if your spouse filed or will file a 2014 IRS income tax return										
☐ Check here if you filed a joint return and used the Data Retrieval Tool to transfer 2014 tax information from the IRS to the FAFSA										
☐ Check here if you filed a joint return and are providing a copy of your 2014 Tax Transcript										
☐ Check here if you filed a separate tax return and are providing a copy of your 2014 Tax Transcript										
2. Complete this section if your spouse will not & <u>is not required</u> to file a 2014 income tax return with the IRS										
☐ Check here if your spouse was not employed and had no income earned from work in 2014										
☐ Check here if your spouse <u>WAS</u> employed. List below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided. (Provide a copy of the 2014 IRS wage and income transcript). List every employer even if the employer did not issue an IRS W-2 form										
Employer's Name		2014 Amount Earned			IRS W-2 provided (Yes/No)					
Please answer all of the following questions by circling Yes or No										
1. Did someone in 2014 proverse?	ide you and/or your	family su	ipport by allowing	g you to res	side in their home free of					
charge.				YES o	r NO					
2. Did you or your spouse pay or receive child support in 2014? YES or NO										
Do not answer YES if the payme	ents were court ordered but	never rece	ived.							
Person paying support	Person receiving	List the actual amount of any child supp			Total paid in 2014					
1 crson paying support	1 crson receiving	111	Child's Name a	inu Age	Total palu III 2014					
3. Did you or a member of y	our housahold receiv	o SNAD	(formarly known	os Food Ste	omns) during 2013/2014?					
3. Did you of a member of y	our nousenoid receiv	CSNAI	(tormerry known a	as Food Sta YES o	1 / 0					
If YES please re-write the stateme					A D					
	[Print Student's Name], ly known as Food Stamp									
	<u> </u>									
	it the additional document ancial aid. If your awardloss of aid due to missed ices within 15 days of the aformation provided on the	ntation wi d changes deadlines e action ar is form is c	thin 14 days. Failure due to verification, y or changes in reported the decision will b orrect & that I have re	e to submit the you will be ned information e made in water ad & understa	ne necessary documents could otified through your UB Portal . on. The appeal must be made in					
Student's Signature Spouse's Signature			Date							
adouse's aignailire			Date							