

You may mail this information to Shawnee State University, Financial Aid Office
 940 Second Street, Portsmouth Ohio, 45662 or fax to 740.351.3435

Student Information

Name		Student ID		
Address (include Apt. Number)		Date of Birth		
City	State	Zip	Phone Number (include area code)	

Family Information (check one)

- Independent Students:** List the people in your household, include: (A) yourself and your spouse if you are married; (B) your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017; (C) 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, 2016 through June 30, 2017.
- Dependent Students:** List the people in your parents' household, include: (A) yourself and your parent(s) (including stepparent) even if you don't live with your parents; (B) your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2016 through June 30, 2017 or the children would be required to provide parental information when applying for Federal Student Aid; (C) other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Write the Names of All Household Members:

Include the name of the college for household members who will be attending college at least half-time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree or certificate program. If your parent(s) will be attending college at least half-time during this time period, please contact the Financial Aid Office. *If more space is needed, attach a separate page with the student's name and student ID at the top.*

Full Name	Age	Relationship	*College	*Will be Enrolled at Least Half Time
<i>Marty Jones (example)</i>	28	Wife	Central University	Yes
		SELF		

Student Name: _____

Student ID: _____

Please visit the Financial Aid website's FAFSA verification link, if the student or parent has been granted a filing extension by the IRS, filed an amended IRS income tax return, or were victims of IRS identity theft. *If documentation is not submitted, verification will not be completed.*

Student and Spouse (if married) Tax and Income Information

Check the box that applies (check only one):

Tax Filers:

- The student has used the IRS Data Retrieval Tool in FAFSA on the Web.
- The student has attached the IRS tax return transcript.

Non-tax Filers:

- The student was not employed and had no income earned from work in 2015.
- The student was employed in 2015 and has listed below the names of all the student's employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to the student by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and student ID at the top.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)

Parent Tax and Income Information

Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents. Check the box that applies (check only one):

Tax Filers:

- The parent has used the IRS Data Retrieval Tool in FAFSA on the Web.
- The parent has attached the IRS tax return transcript.

Non-tax Filers:

- The parent was not employed and had no income earned from work in 2015.
- The parent was employed in 2015 and has listed below the names of all the parent's employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to the parent by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and student ID at the top.*

Employer's Name	2015 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)

Student Name: _____

Student ID: _____

Supplemental Nutrition Assistance Program Received by Student and Spouse (if married) or Parent(s)

If you or someone in your household as indicated above, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years, please list which family member(s) below. Supporting documentation may be requested.

Name of Family Member(s):

Independent Students: Child Support Paid by Student and Spouse (if married)

Did you, the student, or your spouse, pay child support because of divorce or separation during the calendar year 2015? (Do not include support for children included in household size in the Family Information section.) If asked by the school, I will provide documentation of the payment of child support. *If more space is needed, attach a separate page with the student's name and student ID at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Dependent Students: Child Support Paid by Parent(s)

Did you, the parent, pay child support because of divorce or separation during the calendar year 2015? (Do not include support for children included in household size in the Family Information section.) If asked by the school, I will provide documentation of the payment of child support.

If more space is needed, attach a separate page with the student's name and student ID at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Other Untaxed Income Received by Student and Spouse (if married) or Parent(s)

Payments to tax-deferred pension and retirement savings: List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including but not limited to, amounts reported on W-2 forms in Boxes 12a-12d with codes D,E,F,G,H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

Student Name: _____ Student ID: _____

Child support received: List the actual amounts of any child support received in 2015 for the children in your household. Do not include foster care payments, adoption payments, or child support that was court ordered but not actually paid.

Name of Person Who Received Child Support	Name of Child for Whom Support Was Received	Amount of Child Support Received in 2015

Housing, food, and other living allowances paid to members of military, clergy, and others: Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Amount of Benefit Received in 2015

Veterans non-education benefits: List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount Received in 2015

Other untaxed income: List the amount of other untaxed income not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Name of Recipient	Type of Other Untaxed Income	Amount Received in 2015

Money received or paid on the student's behalf: List any money received or paid on the student's behalf (e.g. payment of student bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Amounts paid on the student's behalf also include any distribution to the student from a 529 plan owned by someone other than the student or the student's parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g. cash, rent, books	Source	Amount Received in 2015

Sign this Worksheet

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and at least one parent must sign and date. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student

Date

Parent

Date