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Student Last Name

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Student First Name

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Franklin Student ID

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Date of Birth (mmddyy)

You have been selected for a process called verification. The Department of Education has determined the income you reported for your 2016-17 FAFSA appears to be insufficient to support the number of people in the household. Complete this form to clarify how your (and spouse, if married/ or parents, if dependent student) household expenses were met for the 2015 year.

Section A: Untaxed Income Received in 2015

Complete the information below for yourself (and spouse, if married) or your parent(s) if a dependent student.

Type of Untaxed Income	Student 2015 Annual Amounts	Spouse (if married) 2015 Annual Amounts	Parent(s) (if dependent student) 2015 Annual Amounts
Payments to tax-deferred pension and savings plans, including but not limited to, amounts reported on the W-2 forms in boxes 12a-12d codes D, E, F, G, H and S.	\$	\$	\$
Child Support Received - Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.	\$	\$	\$
Housing, food and other living allowances paid to members of the military, clergy and others.	\$	\$	\$
Veterans non-education benefits	\$	\$	\$
Other untaxed income such as workers' compensation, disability benefits (do not include SSI disability), etc. Please indicate type below: _____	\$	\$	\$
Money received or paid on the applicant's behalf (e.g., bills). Example: did you receive money from a relative or friend to assist with any living expenses in 2015?	\$	\$	

Section B: Other Income/Support for 2015

Please check "yes" or "no" to each of the items below:

Type of Income	Student (and spouse , if married) Check Yes or No	Parent(s) (if dependent student) Check Yes or No
Unemployment/Social Security Income Disability (SSID)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Income Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
In-kind Support - In-kind support is other than money, for example, friends or relatives giving food or allowing you to live with them rent-free.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Student ID: _____

Section C: Government/Public Assistance

Please check “yes” or “no” to each of the items below regarding any government/public assistance received during the 2015 year.

Types of Assistance	Student (and spouse , if married)	Parent(s) (if dependent student)
	Check Yes or No	Check Yes or No
Subsidized Housing (HUD or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Women, Infants and Children program (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Home Energy Assistance Program (HEAP, WCP, SCP, PIPP, or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other assistance not listed above Write in agency name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B: Certification and Signatures

I certify that all information and documentation submitted is true and correct to the best of my knowledge. I understand that purposely providing false or misleading information on this form may result in a reduction or repayment of aid, fines, imprisonment, and/or disciplinary action up to and including dismissal from the University. If asked, I agree to provide additional proof of the information/documentation provided with this form. I authorize Franklin University to verify any third party documentation which I have submitted.

Student Signature

Date

Parent Signature (if dependent student)

Date

Important Note:

Answer all questions on this form. If you feel you need to provide further explanation of how your household was supported, please provide an additional statement with this document.

After reviewing your information, if our office is unable to make a determination of how your household expenses were met, additional documentation or explanation of expenses may be requested, which will extend your processing time.

Return this form to: Financial Aid, Franklin University, 201 S. Grant Ave., Columbus, OH 43215
Fax: 614.255.9478 Email: finaid@franklin.edu