



2016-17 V-1 Verification Worksheet

Your FAFSA was selected for a process called verification. Federal Regulations require we ask you to confirm information you reported on your FAFSA before financial aid may be awarded. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Forms may be faxed, mailed, emailed (scanned with all required signatures), or delivered in person. **Your MyUDC account (my.udc.edu) will be our primary means of contacting you so please monitor your account regularly.**

PLEASE READ AND COMPLETE ALL SECTIONS

A. Student Information (please print)

Student's Last Name	First Name	M.I.	N00- UDC Student ID#
Student's Email Address		Daytime Phone Number	

B. Dependency Status

If you can check ANY of the following boxes, you are considered an INDEPENDENT student and will not have to provide parental information or signature.

If you check NONE of the following boxes, you are considered a DEPENDENT student and will be required to provide parental information and signature.

<input type="checkbox"/> I was born before January 1, 1993	<input type="checkbox"/> I am married	<input type="checkbox"/> I will be working on a master's or doctorate program (e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)	
<input type="checkbox"/> I am serving on active duty in the U.S. Armed Forces	<input type="checkbox"/> I am a veteran of the U.S. Armed Forces	<input type="checkbox"/> I now have or will have children for whom I will provide more than half of their support between July 1, 2016 and June 30, 2017	
<input type="checkbox"/> Since I turned age 13, both of my parents were deceased	<input type="checkbox"/> I was in foster care since turning age 13	<input type="checkbox"/> I have dependents (other than children or my spouse) who live with me and I provide more than half of their support	
<input type="checkbox"/> I was a dependent or ward of the court since turning age 13	<input type="checkbox"/> I am currently or I was an emancipated minor	<input type="checkbox"/> I am currently or I was in legal guardianship	<input type="checkbox"/> I am homeless or I am at risk of being homeless

Note: Inaccurate or incomplete information will result in the student having to resubmit this application and further delay the processing of you aid.

2016-17 V-1 Verification Worksheet

C. Family Information

Independent Student

Dependent Student

Independent Student household include:

- The student
- The student's spouse, if married and **dependent** children, even if they do not live with you, and
- Other people if they now live with you and you provide more than half of their support from July 1, 2016 to June 30, 2017

Dependent Student household include:

- The student
- The student's parent(s), including stepparent, that you last lived with even if you don't live with them now.
- Other people if they now live in your parent's household and provide more than half of their support from July 1, 2016 to June 30, 2017 (ex: siblings, etc.)

Include the names and information for the persons in your household, according to your dependency status.

Note: If more space is needed, attach a separate page with the requested information below.

Full Name	Age	Relationship	College	Attending a college or university at least half time during the 2016-2017 Academic Year (Please Circle)	
		Self	UDC	Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

D. Supplemental Nutritional Assistance Program (SNAP/ Food Stamps Benefits) Please Check One.

Yes No One of the persons listed in Section C of this worksheet received SNAP benefits (formerly known as food stamps) during the 2014 or 2015 calendar years. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

E. Child Support Paid (Please Check One)

Yes No Either I, or my spouse (if married), or my parent(s) (if dependent) who is listed in Section C of this worksheet, paid child support in 2015. If yes, please enter the requested information below. Also, if more spaces are needed, please attach a sheet with the additional information to this worksheet.

Name of Student/Spouse or Parent/ Step Parent Whom Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Total Amount of Child Support Paid in 2015

2016-17 V-1 Verification Worksheet

Section E Continued. Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received.
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

F. Income Information

Check the box below that **best** describes the status of your 2015 Federal Tax Return. **If you filed taxes, we highly recommend that you utilize the IRS Data Retrieval Tool (DRT).** If you cannot use the DRT then you will need to provide a copy of your 2015 Federal Tax Return Transcript.

2015 Tax Filers

Student and/or Spouse

Parent(s) and/or Stepparent

<input type="checkbox"/>	Check here if you have completed the 2015 Federal Tax Return and used the IRS DRT on your FAFSA.	<input type="checkbox"/>												
<input type="checkbox"/>	Check here if you did not/could not use the DRT and are submitting a Federal Tax Return Transcript (attach transcripts).	<input type="checkbox"/>												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Request Method</th> <th style="width: 50%;">How?</th> <th style="width: 25%;">Processing Days</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Online (Get Transcript by Mail)</td> <td style="text-align: center;">www.irs.gov/transcript <i>*Make sure to request the IRS Tax Return Transcript <u>not</u> the IRS Tax Account Transcript</i></td> <td style="text-align: center;">5-10 Days</td> </tr> <tr> <td style="text-align: center;">Telephone</td> <td style="text-align: center;">(800) 908-9946</td> <td style="text-align: center;">5-10 Days</td> </tr> <tr> <td style="text-align: center;">Paper Request Form 4506T-EZ or 4506-T</td> <td style="text-align: center;">www.irs.gov/pub/irs-pdf/f4506tez.pdf</td> <td style="text-align: center;">10 Days</td> </tr> </tbody> </table>			Request Method	How?	Processing Days	Online (Get Transcript by Mail)	www.irs.gov/transcript <i>*Make sure to request the IRS Tax Return Transcript <u>not</u> the IRS Tax Account Transcript</i>	5-10 Days	Telephone	(800) 908-9946	5-10 Days	Paper Request Form 4506T-EZ or 4506-T	www.irs.gov/pub/irs-pdf/f4506tez.pdf	10 Days
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Paper Request Form 4506T-EZ or 4506-T	www.irs.gov/pub/irs-pdf/f4506tez.pdf	10 Days												
<input type="checkbox"/>	Check here if you have completed a 2015 Federal Tax Return as Married Filing Separately (will need to attach both spouses' tax return transcripts).	<input type="checkbox"/>												
<input type="checkbox"/>	Check here if you filed an Amended 2015 Federal Tax Return (Form 1040X). You will need to attach both Form 1040X and your tax return transcript.	<input type="checkbox"/>												

2016-17 V-1 Verification Worksheet

F. Income Information (Continued)

Non Tax Filers

Student and/or Spouse

Parent(s) and/or Stepparent

Check here if you had income will not file and were not required to file a 2015 Federal Tax Return. **Attach copies of all 2015 W2 Form(s).**

Check here if you had no income in 2015. **See additional instructions below.**

Please provide the below information about any additional financial resources received by the student and any members of the student's household. If you respond no to all of the financial support items below, you must provide a statement in the comment section.

Source of Financial Support	Please Circle One	Name of Recipient	Total Amount of Support Received in 2015
TANF	Y or N		
WIC	Y or N		
Social Security (SSI/SSDI)	Y or N		
Subsidized Housing	Y or N		
Child Support Received	N/A		
Cash Support*	Y or N		
In-Kind* Support	Y or N		
Other: _____	Y or N		

* **In kind support** means that you used someone else's resources as a means of living—i.e. you lived at your grandmother's house and used her utilities. **Cash support received or paid on your behalf** means that you had bills in your name but someone else either gave you the money to pay those bills or someone else paid them on your behalf.

Comments:

G. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature* (required if dependent)

Date

**Parent signature required if you answered no to all of the dependency status questions in Section C of this form.*

**Please submit to the UDC Financial Aid Office
Flagship Campus, Building 39, A-133 or at Community College 801 North Capitol, 3rd Floor, Room 305
Fax: 202-274-6060, EMAIL: finaid@udc.edu**

**Mailing Address
UDC-Office of Financial Aid
4200 Connecticut Ave. NW
Bldg. 39, Suite A-133
Washington, DC 20008**