

DEPENDENT
VERIFICATION WORKSHEET

2017-2018

| | |
|----------------------------------|-------------|
| Student's Name _____ | UCFID _____ |
| Address _____ | Date _____ |
| City _____ State _____ Zip _____ | Phone _____ |
| Parent(s) Name _____ | |

- Read carefully and complete this verification packet in **black ink**.
- Please refer to your SAR (Student Aid Report) when answering the questions. Any discrepancy may need an explanation and additional documentation.
- Please answer your questions as of the date you and your parents signed the FAFSA.
- If a question does not apply to you or your parent/s, mark the answer as zero or N/A (not applicable).
- Do not skip any questions. If you leave any section blank, this form may be deemed incomplete and result in the delay of processing aid.

Below is information & instructions for whom to include in the Household, as well as for the "Name of College field."

Who is a parent (for the FAFSA)?:

For the FAFSA, "Parent" refers to your biological and/or adoptive parents (as well as your step-parent if that person is currently married to your "Parent")

The following are **NOT considered to be a "legal parent (for the FAFSA):"**

- Grandparents, foster parents, legal guardians, aunts and uncles are NOT considered parents unless they have legally adopted you.
- Any person who is not married to your parent and who is not a legal or biological parent.

A. If Parent Marital Status is:

- **Single**
- **Divorced**
- **Separated** – As of the date the FAFSA was completed, the parents were not living together for an indefinite period of time and the marriage is severed.
- **Widowed**

Include the following in the Household

- Yourself (the student)
- Your parent – The responsible parent is the parent with whom you lived the most during the 12 months before your financial aid application was signed. If you did not live with either parent, or if you lived with each parent an equal number of days (including zero days), your responsible parent is the parent who provided you the most support in the most recent 12-month period. Support means gifts, loans, housing, food, clothing, car, money, medical and dental care, payment of college costs, etc.
- Your parent's other children **IF**
 - your parent will provide more than 50% of the children's support from July 1, 2017 through June 30, 2018 - **OR**
 - The children attending college would be required to provide parent information when completing the FAFSA
- Other people currently living with your parent for whom **your parent currently provides and will continue to provide at least 50% of their support** from July 1, 2017 to June 30, 2018.

DO NOT Include the following:

- Foster Children
- Any child your parent is paying child support for

B. If Parent Marital Status is:

- **Married or Remarried, OR**
- **Unmarried** – and Both Parents LIVING TOGETHER

Include the following in the Household

- Yourself (the student)
- BOTH of your parents (as listed on the FAFSA)
 - If the parent you are listing remarried, please list your parent and step-parent.
 - You are required to provide your step-parent's information in all sections of this form and provide verification of tax information for both your parent and step-parent.
- Your parents' other children **IF**
 - Your parents will provide more than 50% of the children's support from July 1, 2017 through June 30, 2018 - **OR**
 - The children attending college would be required to provide parent information when completing the FAFSA
- Other people currently living with your parents for whom **your parents currently provide and will continue to provide more than 50% of their support** from July 1, 2017 to June 30, 2018.

DO NOT Include the following:

- Foster Children
- Any child your parent is paying child support for

Instructions for completing "ATTENDING COLLEGE"

On your FAFSA application, you were asked to identify the number of people attending college for the 2017 – 2018 aid year. The number in college should include any household member who:

- Will be enrolled at least half-time at an eligible postsecondary education institution at any time between July 1, 2017 and June 30, 2018
- Will be enrolled in a degree, diploma, or certificate program
- **THE NUMBER IN COLLEGE SHOULD NOT INCLUDE YOUR PARENT(S)**

For each person who meets the above criteria, indicate the name of the college. **If the college person is attending UCF – be sure to also list that person's UCF ID.**

NOTE: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Section I: Family Information

A. What was your parents' marital status as of the date you first completed the FAFSA?

Single

Divorced

Separated

Widowed

Married or Remarried

Unmarried & both parents living together

B. If your parents were divorced or your parent was widowed, as of the date you first completed the FAFSA, was the parent you are using remarried? Yes No

Section II: Parents' Household Size & Number in College

A. You and Your Parent(s)/Step-Parent

| Full Name | Date of Birth | Relationship |
|-----------|---------------|---------------------------------------|
| | | Student / Self |
| | | Parent 1 (father, mother, stepparent) |
| | | Parent 2 (father, mother, stepparent) |

B. Your Siblings:

List siblings who will receive more than half of their financial support from your parent(s) between July 1, 2017 and June 30, 2018, or are required to use parent information when completing the FAFSA.

| Full Name | Date of Birth mm-dd-yyyy | Relationship | If attending college, at least half-time list: College Name, City, State | UCF ID if sibling is attending UCF | Type of Degree Seeking |
|--------------|-----------------------------|--------------|--|---------------------------------------|------------------------------|
| John Example | 01/25/1993 | brother | UCF Orlando, FL | 1234567 | BA |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

C. Other Dependents:

List other dependents who live with your parent(s) AND will receive more than half of their financial support from your parent(s) between July 1, 2017 and June 30, 2018.

| Full Name | Date of Birth mm-dd-yyyy | Relationship | If attending college, at least half-time list: College Name, City, State | UCF ID if sibling is attending UCF | Type of Degree Seeking |
|--------------|-----------------------------|--------------|--|---------------------------------------|------------------------------|
| Jane Example | 01/25/1993 | niece | n/a | 1234567 | n/a |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Section III: Verification of 2015 Income

A. Were you required to file a 2015 tax return?

Student: Yes No

Parent 1 (father, mother, stepparent): Yes No

Parent 2 (father, mother, stepparent): Yes No

If Yes, you must provide a signed paper copy of the 2015 Federal Tax Return or the IRS 2015 Tax Return Transcript, whichever is available.

B. Complete the section below if you / your spouse or your parents did not file and are not required to file a 2015 federal tax return. **All Non-Tax Filers must provide a signature on Section VII, page 4.**

List all employer(s) and amounts earned in 2015. If self-employed, list "Self-employed" as the employer and report the income earned. If you/ your spouse or parent(s) did not work at all in 2015, write N/A for name of employer(s).

| Non-Tax Filer | Income Earned In 2015? | Name of Employer | 2015 Income Earned | W-2s Attached |
|---------------|--|------------------|--------------------|--------------------------|
| Student: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 | \$ | <input type="checkbox"/> |
| | | 2 | \$ | <input type="checkbox"/> |
| | | 3 | \$ | <input type="checkbox"/> |
| Parent 1: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 | \$ | <input type="checkbox"/> |
| | | 2 | \$ | <input type="checkbox"/> |
| | | 3 | \$ | <input type="checkbox"/> |
| Parent 2: | <input type="checkbox"/> Yes <input type="checkbox"/> No | 1 | \$ | <input type="checkbox"/> |
| | | 2 | \$ | <input type="checkbox"/> |
| | | 3 | \$ | <input type="checkbox"/> |

▲ A copy of the W-2(s) from each employer must be attached to this form. ▲

Your file will not be completed until all the above items are received.

For the requirements to file a tax return, please visit the IRS website at www.irs.gov/pub/irs-pdf/p501.pdf

Section IV: 2015 Other Income

Only complete this section if you or your parents were not required to file a 2015 tax return.

| Parent | Annual Amount(s) Received in 2015 | Student |
|--------|--|---------|
| \$ | Food Stamps / SNAP | \$ |
| \$ | Foreign Income | \$ |
| \$ | Alimony | \$ |
| \$ | Housing Assistance | \$ |
| \$ | Non-Financial Aid Support from Others (i.e. food, housing, insurance, etc.) | \$ |
| \$ | VA Benefits: <input type="radio"/> Educational / <input type="radio"/> Non - Educational | \$ |
| \$ | Worker's Compensation | \$ |
| \$ | Other Income | \$ |

Section V: Family 2015 Untaxed Income

Do not include financial aid, social security benefits, or welfare benefits. Be sure to enter N/A for items that do not apply. Leaving items blank can result in processing delays.

| | <u>STUDENT</u> | <u>PARENT</u> |
|--|----------------|------------------|
| 1. Did you or your parent(s) receive child support for family members (listed in Section II) in 2015 ? ____yes ____no (check one). If yes, the total amount received in 2015 : (<i>Do not include foster care or adoption payments.</i>)..... | \$ <u>XXX</u> | \$ _____ |
| 2. Housing, food, and other living allowances paid in 2015 to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing:..... | \$ _____ | \$ _____ |
| 3. Cash received or any money paid on your, the student's, behalf in 2015 :..... | \$ _____ | \$ <u>XXXXXX</u> |
| 4. 2015 Untaxed IRA distribution or pensions/annuities. Check the 2015 tax return for: (IRS form 1040: lines (15a minus 15b) + (16a minus 16b) = untaxed portion) (IRS form 1040A: lines (11a minus 11b) + (12a minus 12b) = untaxed portion) Total untaxed amount received in 2015 :..... | \$ _____ | \$ _____ |
| WAS THE ABOVE AMOUNT REINVESTED IN A RETIREMENT ACCOUNT? (You <u>must</u> circle correct answer.) → | yes/no | yes/no |
| 5. 2015 payments to tax-deferred pension and savings plans (paid directly to or withheld from earnings) such as a 401k and 403b plans. Check student and parent(s) 2015 W-2 forms, box 12a through 12d (Codes D, E, F, G, H, & S). Total amount received in 2015 :..... | \$ _____ | \$ _____ |
| ATTACH COPIES OF ALL 2015 W-2s | | |
| 6. Untaxed Veterans' 2015 Benefits: | | |
| a. 2015 Untaxed <u>Non-Educational</u> Veterans' benefits such as Disability Pension, Death Pension, Dependency & Indemnity Compensation (DIC), etc. Total amount received in 2015 :..... | \$ _____ | \$ _____ |
| b. 2015 Untaxed Veteran Administration Education Work-Study Allowances received in 2015 :..... | \$ _____ | \$ _____ |
| 7. Other 2015 Untaxed Income Not Reported such as workers' compensation or disability. Do not include items such as those listed in <u>Section IV</u> | \$ _____ | \$ _____ |

ATTACH COPIES OF ALL 2015 W-2 FORMS WHEN REPORTING ITEMS ON

Section VI: 2015 Excluded Income Information

Answer the questions below:

| | <u>STUDENT</u> | <u>PARENT</u> |
|---|----------------|---------------|
| 1. Child support paid in 2015 because of divorce or separation or as a result of legal requirements. Do not include support for children already listed in your household (those reported in Section II)..... | \$ _____ | \$ _____ |

• Name(s) & age(s) of the children for whom these payments were paid in **2015**:

| Name | Age | | Name | Age |
|------|-----|--|------|-----|
| | | | | |
| | | | | |

- Name of the person to whom child support was paid: _____
- Name of the person who paid child support: _____

Section VII: Required Signatures

By signing below, you and your parents, certify that all the information in this packet has been read and completed accurately and truthfully.

Your Signature (Student)

Date Signed

Parent 1 (father, mother, stepparent)

Parent 2 (father, mother, stepparent)