

# VERIFICATION WORKSHEET

**INDEPENDENT**

Student's Name _____	UCF ID _____
Address _____	Date _____
City _____ State _____ Zip _____	Phone _____
Spouse Name (if married) _____	

- 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 signed the FAFSA.
- If a question does not apply to you or your spouse, if married, 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.**

## A. If the Student Marital Status is:

- **Single**
- **Divorced**
- **Separated** – As of the date the FAFSA was completed, you and your spouse 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 children **IF**
  - You will provide more than 50% of the children's support from July 1, 2016 through June 30, 2017 - **OR**
  - The children attending college would be required to provide parent information when completing the FAFSA
- Other people currently living with you for whom **you currently provide and will continue to provide at least 50% of their support** from July 1, 2016 to June 30, 2017.

### **DO NOT Include the following:**

- Foster Children
- Any child you are paying child support for

**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.

## B. If the Student Marital Status is:

- **Married**

### Include the following in the Household

- Yourself (the student)
- Your spouse
  - You are required to provide your spouse's information in all sections of this form and provide verification of tax information for both you and your spouse.
- Your children **IF**
  - You will provide more than 50% of the children's support from July 1, 2016 through June 30, 2017 - **OR**
  - The children attending college would be required to provide parent information when completing the FAFSA
- Other people currently living with you for whom **you or your spouse currently provide and will continue to provide more than 50% of their support** from July 1, 2016 to June 30, 2017.

### **DO NOT Include the following:**

- Foster Children
- Any child you or your spouse are paying child support for

**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.

## Instructions for completing "ATTENDING COLLEGE"

On your FAFSA application, you were asked to identify the number of people attending college for the 2016 – 2017 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, 2016 and June 30, 2017
- Will be enrolled in a degree, diploma, or certificate program

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.**

## Section I: Family Information

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

Single                       Divorced                       Separated

Widowed                       Married or Remarried

**B.** In 2014-2015, did you, your spouse, or anyone in your household receive Supplemental Nutrition Assistance Program (SNAP)  Yes  No

## Section II: Student's Household Size & Number in College

**A.** You and Your Spouse (If married)

Full Name	Date of Birth	Relationship	If attending college, list: College Name, City, State	UCF ID if attending UCF	Type of Degree Seeking
		Student / Self			
		Spouse			

**B.** Your Children:

List children who will receive more than half of their financial support from you or your spouse, if married, between July 1, 2016 and June 30, 2017, or are required to use your information when completing the FAFSA.

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

**C.** Other Dependents:

List other dependents who live with you and your spouse, if married, AND will receive more than half of their financial support from you and your spouse, if married, between July 1, 2016 and June 30, 2017.

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

NAME: \_\_\_\_\_

UCFID: \_\_\_\_\_

## Section III: Verification of 2015 Income

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

**Student:**  Yes  No

**Spouse (if married):**  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 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 (and/or your spouse) 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="radio"/> Yes <input type="radio"/> No	1	\$	<input type="checkbox"/>
		2	\$	<input type="checkbox"/>
		3	\$	<input type="checkbox"/>
Spouse:	<input type="radio"/> Yes <input type="radio"/> 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](http://www.irs.gov/pub/irs-pdf/p501.pdf)

## Section IV: 2015 Other Income

Only complete this section if you or your spouse, if applicable, were **not** required to file a 2015 tax return.

Annual Amount(s) Received in 2015	Student/Spouse
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	\$

Continue to the next page.

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

## Section VI: 2015 Excluded Income Information

Answer the questions below:

- |   | <u>STUDENT</u> | <u>SPOUSE</u> |
|---|----------------|---------------|
| 1. <b>Child support paid in 2015</b> because of divorce or separation or as a result of legal requirements. <b>Do not include support for children already listed in your household</b> (those reported in Section II)..... | \$ _____       | \$ _____      |
| • Name(s) & age(s) of the children for whom these payments were paid in <b>2015</b> :   |                |               |

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

\_\_\_\_\_  
Your Spouse's Signature

\_\_\_\_\_  
Date Signed