

2016-2017 DEPENDENT VERIFICATION WORKSHEET

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information GSU will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at GSU. We may need to ask for additional information in the future. If you have questions about verification, contact our office as soon as possible so that your financial aid will not be delayed.

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University.

Student Name: _____ GSU ID # _____ Last 4 digits of SS#: _____
(Please Print) Last First

Permanent Home Address: _____
City State Zip Code

Student's Date of Birth: _____ Home Phone #: _____ Cell #: _____

FAMILY INFORMATION

Please list all members of your household. Remember to include:

- Yourself
- Your parent(s)/step-parent (do not include a parent not living in the household due to separation or divorce)
- Your parents' children, if they receive more than half of their support from your parents from July 1, 2016 through June 30, 2017 or they would be required to provide parental information when applying for federal financial assistance. Do not include children your parents are paying child support for or foster children.
- Other people, if they now live with your parents, they receive more than half of their support from your parents and will continue to do so from July 1, 2016 to June 30, 2017.

Support is defined as providing food, housing, medical/dental care or health insurance, money or other financial resources. If you need more space, attach a separate sheet. **Parents/step-parents should not be included in the number in college.**

| FULL NAME <small>Begin with yourself</small> | AGE | RELATIONSHIP | NAME OF COLLEGE <small>For any family member who will be working toward a degree at least half-time during the 2016-2017 academic year. Do not list high schools or names of colleges that your parent(s) are attending.</small> |
|---|-----|--------------|---|
| | | <i>Self</i> | <i>Governors State University</i> |
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STUDENT 2015 INCOME

Please choose a scenario:

- I utilized the IRS Data Retrieval Tool / I requested a 2015 Transcript from the IRS.
 - I utilized the IRS Data Retrieval Tool on _____
Date
 - I requested a 2015 Tax Return Transcript from the IRS on _____
Date

- My marital status on the FAFSA is different than my marital status on December 31, 2015.
 - Submit a 2015 IRS Tax Return Transcript and copies of all your 2015 W-2s. (Please be sure to include the student's name and GSU student ID on the top right corner of each supporting piece of documentation.)
 - Submit a 2015 IRS Tax Return Transcript and copies of all 2015 W-2s for your spouse, if you were married after December 31, 2015 and your spouse is listed on the FAFSA. (Please be sure to include the student's name and GSU student ID on the top right corner of each supporting piece of documentation.)

- I and/or my spouse (if applicable), did not file and am not required to file a 2015 federal tax return or foreign tax return.
 - Please check **one** box below and the section below if you (and your spouse, if married) will not and are **not required** to file a 2015 U.S. Federal Tax Return with the IRS (or with a foreign country's government). ***You must attach all W-2 forms and/or 1099-MISC that you received for 2015.***
 - I was not employed and had no income earned from work in 2015
 - I was employed during 2015.
 - List below the names of all employers and the amount earned from each employer
 - ***W-2 forms must be submitted.***

| EMPLOYER NAME | STUDENT AMOUNT | W-2 SUBMITTED |
|---------------|----------------|---------------|
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

PARENT 2015 INCOME

Please choose a scenario:

- My parent(s) utilized the IRS Data Retrieval Tool/ My parent(s) requested a 2015 transcript from the IRS
 - My parent utilized the IRS Data Retrieval Tool on _____
Date
 - My parent requested a 2015 Tax Return Transcript from the IRS on _____
Date

- My parents are married, but filed separate 2015 federal tax returns
 - Submit **two 2015 IRS Tax Return Transcript** (one for each parent listed on your FAFSA). Please be sure to include the student’s name and GSU student ID on the top right corner of each supporting piece of documentation.

- My parents’ marital status on the FAFSA is different than their marital status on December 31, 2015.
 - Submit a 2015 IRS Tax Return Transcript and copies of all 2015 W-2s for your parent listed on the FAFSA. (Please be sure to include the student’s name and GSU student ID on the top right corner of each supporting piece of documentation.)
 - Submit a 2015 IRS Tax Return Transcript and copies of all 2015 W-2s for your step-parent if your parent has remarried and your step-parent is also listed on the FAFSA. (Please be sure to include the student’s name and GSU student ID on the top right corner of each supporting piece of documentation.)

- My parents/step-parents are not required to file a 2015 federal tax return or foreign tax return.
 - Please check **one** box below and the section below if your parent(s)/step-parent will not and are **not required** to file a 2015 U.S. Federal Tax Return with the IRS (or with a foreign country’s government). **You must attach all W-2 forms and/or 1099-MISC that your parent(s) received for 2015.**
 - My parent(s)/step-parent was not employed and had no income earned from work in 2015
 - My parent(s)/step-parent were employed during 2015.
 - List below the names of all employers and the amount earned from each employer
 - **W-2 forms must be submitted.**

| EMPLOYER NAME | FATHER/STEP-FATHER AMOUNT | MOTHER/STEP-MOTHER AMOUNT | 2015 W-2 SUBMITTED |
|---------------|---------------------------|---------------------------|--------------------|
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |
| | \$ | \$ | |

STUDENT AND PARENT 2015 UNTAXED INCOME

Both tax filers and non-tax filers must list any untaxed income received in 2015. Please complete the chart below.

Calendar Year 2015 (January 1, 2015 – December 31, 2016)

Be sure to enter zero (0) if no funds were received

| TYPE OF UNTAXED INCOME/BENEFIT | STUDENT | PARENT(S)/STEP-PARENT(S) |
|---|---------|--------------------------|
| Payment to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in boxes 12a through 12d, codes D, E, F, G, H and S. | \$ | \$ |
| Child support RECEIVED for all children. Don't include foster care or adoption payments. | \$ | \$ |
| Housing food and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. | \$ | \$ |
| Veteran's non-education benefits, such as Disability, Death Pension or Dependency and Indemnity Compensation (DIC) or VA Educational Work-Study allowances. | \$ | \$ |
| Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax or special fuels | \$ | \$ |
| Other money received or paid on your behalf (e.g. bills), not reported elsewhere on this form (exclude support from parents). | \$ | \$ XXXXXXXXXXXX |

ADDITIONAL FINANCIAL INFORMATION (EDUCATION CREDITS)

Complete this section only if you, and/or your parent(s)/Step-parent(s) filed taxes.

| EDUCATION CREDIT | STUDENT | PARENT(S)/STEP-PARENT(S) |
|--|---------|--------------------------|
| Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040 – Line 49 or 1040A – Line 31. | \$ | \$ |

PARENT CHILD SUPPORT PAID – CALENDAR YEAR 2015

One or both of your parents reported child support payments in 2015 on the Free Application for Federal Student Aid (FAFSA). Please complete the below section with the specific information requested.

- Only include amounts of child support paid to those not listed in your household on the verification worksheet.
- Do not include any amounts of child support received by members of your household in this section.
- If you did not pay child support in 2015, mark “N/A” in *Name of Person Who Paid Child Support* and “0” in *Amount of Child Support Paid*.

| 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>\$6000.00</i> |
| | | | |
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PARENT CHILD SUPPORT DOCUMENTATION

I have provided copies of acceptable documentation of the payment of child support. Select one:

- Copies of the child support checks or money order receipts.
- No Child Support paid – calendar year 2015.
- A statement from the individual receiving the child support showing the amount provided.

FOOD STAMP BENEFITS – CALENDAR YEAR 2014 AND/OR 2015

Complete this section if someone in the student’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 and/or 2015 calendar year.

- I received Supplemental Nutrition Assistance Program (Food Stamps) benefits during the 2014 and/or 2015 calendar years. I have provided documentation of the receipt of benefits during the 2014 and/or 2015.
- My parent(s)/stepparent received Supplemental Nutrition Assistance Program (Food Stamps) benefits during the 2014 and/or 2015 calendar years. I have provided documentation of the receipt of benefits during the 2014 and/or 2015 calendar years.
- No one in our household received Supplemental Nutrition Assistance Program (Food Stamps) benefits in 2014 or 2015.

CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this worksheet.

Student’s Signature Date

Parent Signature (Required for dependent Students). Date

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