

2016-17 Dependent Student Verification Worksheet (V1)

Your 2016-17 Free Application for Federal Student Aid (FAFSA) was selected for federal verification. By federal law, we are required to verify certain information you have reported on the FAFSA and collect required documents. Corrections to your FAFSA may be made once verification items are submitted and reviewed.

This form must be returned to the Office of Financial Aid within three weeks of receiving this notice. Financial aid will not be calculated and/or disbursed to your account until verification is completed. **Incomplete forms will be returned to you for completion.** The following definition and guidelines should be used as reference while completing this document:

- The term "legal parent(s)" is defined as the student's biological and/or adoptive parent(s). Foster parents, grandparents and legal guardians are not defined as parents.
- If parents are separated, divorced, widowed or remarried, provide information for the legal parent (and stepparent) with whom the student lived for the greater portion of the last 12 months. If the student did not live with one parent more than the other, give answers about the parent who provided more financial support during the past 12 months.
- If legal parents (biological and/or adoptive) are not married to each other and live together, provide information about both of them regardless of their gender.

PART A – STUDENT INFORMATION

1. Name: _____
2. Permanent mailing address: _____
3. Home phone number: _____ Student cell number: _____
4. Social Security Number: _____ Parent cell number: _____
5. I am a (check only one): Continuing Augustana student (previously enrolled) First-time Augustana student
6. Augustana ID number (if known): _____

PART B – VERIFICATION OF HOUSEHOLD SIZE/NUMBER IN COLLEGE List below the people in your parent(s)' household.

Please read the directions below. Each field in the chart must be completed. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, OR if the other children would be required to provide parental information if they were completing a FAFSA for 2016-17. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) AND your parent(s) provide more than half of their support AND will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary educational institution between July 1, 2016 and June 30, 2017.

Based on the criteria above, list names (including parents) of household members.		Age	Relationship to student P= Parent/Stepparent S= Sibling If other, please specify relationship	Will attend college at least half-time in 2016-17 in a degree or certificate program (excluding parents)		Name of college this person will attend in 2016-17
First Name	Last Name			Yes	No	
1			self /applicant	<input type="checkbox"/>	<input type="checkbox"/>	Augustana College
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	

PART C – STUDENT APPLICANT All students must complete Part C. Parents should go to Part D. Check only the box that applies:

- I filed/will file a 2015 tax return. **If checked, go to Part E.**
- I did not/will not file and am not required to file a 2015 tax return and had no income. **If checked, go to Part E**
- I did not/will not file and am not required to file a 2015 tax return and had income. List below all sources and amounts of income received in 2015. You must submit all 2015 W-2 forms if you did not/will not file a 2015 tax return.

2015 Student Income (non-tax filers only)

Source/Amount _____ \$ _____
 Source/Amount _____ \$ _____
 Source/Amount _____ \$ _____

W-2 received for this income source?

Yes No
 Yes No
 Yes No

PART D – PARENT(S) All parents must complete Part D. Check only the box that applies:

- I/We filed/will file a 2015 tax return. **If checked, go to Part E.**
- I/We did not/will not file and are not required to file a 2015 tax return and had no income. **If checked, go to Part E.**
- I/We did not/will not file and are not required to file a 2015 tax return and had income. List below all sources and amounts of income received in 2015. You must submit all 2015 W-2 forms if you did not/will not file a 2015 tax return.

2015 Parent Income (non-tax filers only)

Source/Amount _____ \$ _____
 Source/Amount _____ \$ _____
 Source/Amount _____ \$ _____

W-2 received for this income source?

Yes No
 Yes No
 Yes No

PART E – VERIFICATION OF SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP) BENEFITS Check the applicable box.

- Yes, someone in my/our household received SNAP benefits in 2014 and/or 2015. (Documentation may be requested.)
- No, no one in my/our household received SNAP benefits in 2014 and/or 2015.

PART F – OTHER INFORMATION TO BE VERIFIED Please respond to each question. **Enter a zero (0) if the question does not apply.**

Payments 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. Do not include amounts from Code C or Code DD. Do not include mandatory contributions. **Reference your W-2 form(s) when completing this question.**

Student	Parent(s)
\$ _____	\$ _____

2015 child support **received for all** children reported in household size. Do not 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). Do not include the value of on-base military housing or the value of a basic military allowance for housing.

\$ _____	\$ _____
----------	----------

PART G – ROLLOVERS Does your 2015 federal tax return include a rollover? Check the applicable box(es) below.

Rollover included in the following tax lines?:

1040, line 15a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1040, line 16a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1040A, line 11a	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1040A, line 12a	Yes <input type="checkbox"/>	No <input type="checkbox"/>

} If "Yes" attach 1099-R for each rollover.

Amount of rollover from:

1040, line 15a	\$ _____
1040, line 16a	\$ _____
1040A, line 11a	\$ _____
1040A, line 12a	\$ _____

PART H - CERTIFICATION AND SIGNATURES

By signing below, I/we certify that all information reported is true and correct to the best of my/our knowledge. If asked, I/we agree to provide proof that the information is correct. I/We allow the financial information provided to be discussed with all parties who provided data to complete the application. I/We realize that until all requested information has been submitted, reviewed and verified, no estimated financial aid will be credited to the student account. I/We authorize Augustana College to release updated or corrected information, based on verification, to the Federal Aid Processing Center.

Signature – Father/Mother/Stepparent _____ Date _____

Student's Signature _____ Date _____

Signature – Father/Mother/Stepparent _____ Date _____

WARNING: False or misleading information can lead to a fine, jail time or both.