

## 2016-17 Independent Student Verification Worksheet (V6)

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.**

### PART A – STUDENT INFORMATION

1. Name: \_\_\_\_\_
2. Permanent mailing address: \_\_\_\_\_
3. Home phone number: \_\_\_\_\_ Student cell number: \_\_\_\_\_
4. Social Security 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 household.

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

- Yourself
- Your spouse, if you are married
- Other people if they now live with you AND you 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 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 of household members.			Relationship to you	Will attend college at least half-time in 2016-17 in a degree or certificate program		Name of college this person will attend in 2016-17
First Name	Last Name	Age		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. If married, spouse should go to Part D. Check only the box that applies:

- I was not issued any 2015 W-2 form(s).
- I was issued 2015 W-2 form(s) and copies are attached. **You are required to submit a copy of all W-2 form(s).**

**PART D – SPOUSE** If married, all spouses must complete Part D. Check only the box that applies:

- I was not issued any 2015 W-2 form(s).
- I was issued 2015 W-2 form(s) and copies are attached. **You are required to submit a copy of all W-2 form(s).**

**PART E – STUDENT APPLICANT** All students must complete Part E. If married, spouse should go to Part F. Check only the box that applies:

- I filed/will file a 2015 tax return. **If checked, go to Part G.**
- 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 G.**
- 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)**

**W-2 received for this income source?**

Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PART F – SPOUSE** If married, spouse must complete Part F. Check only the box that applies:

- I filed/will file a 2015 tax return. **If checked, go to Part G.**
- 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 G.**
- 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 Spouse's Income (non-tax filers only)**

**W-2 received for this income source?**

Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source/Amount _____ \$ _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**PART G – 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 H – 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**

**Spouse**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

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.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Untaxed portions of health savings accounts from IRS Form 1040 line 25

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Veterans' non-education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Worker's compensation

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Other untaxed income, such as disability, etc. **Do not include** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

Student	Spouse
\$ _____	\$ _____

Money received on your behalf (e.g. bills) not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. This also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as grandparents, aunts, uncles, etc.).

\$ _____	\$ _____
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**PART I – 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 J - 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.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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