

2018-19 Independent Student Verification Worksheet

Your 2018-19 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.

Return this form 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.

PART A – STUDENT INFORMATION

1. Name: _____
2. Permanent mailing address: _____
3. Home phone number: _____ 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 (and your spouse, if you are married)
- Your children, if you will provide more than half of their support between July 1, 2018, and June 30, 2019, even if they do not live with you
- 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, 2018 through June 30, 2019

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, 2018 and June 30, 2019.

Based on the criteria above, list names of household members, including yourself.		Age	Relationship to you	Will attend college at least half-time in 2018-19 in a degree or certificate program		Name of college this person will attend in 2018-19
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"/>	

If you and/or your spouse filed an amended return, filed for a tax extension, or have been a victim of taxpayer identity theft, please call the Office of Financial Aid at 309-794-7207.

PART C – STUDENT APPLICANT All students (and spouses, if married) must complete Part C. Check only the box that applies:

- I/we filed/will file a 2016 tax return. **If checked, go to Part D.**
- I/we did not/will not file and am not required to file a 2016 tax return AND had no income.* **If checked, go to Part D.**
- I/we did not/will not file and am not required to file a 2016 tax return AND had income.* List below all sources and amounts of income received in 2016. You must submit all 2016 W-2 forms if you did not/will not file a 2016 tax return.

2016 Student/Spouse 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"/>

* **NOTE:** Non-tax filers must obtain a "verification of non-filing" letter from the IRS. Complete Form 4506-T and mail or fax to the IRS. (Form 4506-T is enclosed/attached, if it is required.)

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

	Student	Spouse
2016 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. <u>Do not</u> include amounts from Code C or Code DD. <u>Do not</u> include mandatory contributions. Reference your 2016 W-2 form(s) when completing this question.	\$ _____	\$ _____
2016 child support received for all children reported in household size. Do not include foster care or adoption payments.	\$ _____	\$ _____
2016 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 E - CERTIFICATION AND SIGNATURE(S)

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 and/or jail.