



2016-2017 Verification Worksheet Federal Student Aid Programs

Your application was selected by the U.S. Department of Education for review in a process called "Verification." Please complete this verification form as soon as possible, so that your financial aid won't be delayed. After your taxes have been filed, you will be asked to update your Free Application for Federal Student Aid with information directly from the IRS using the data retrieval process available at www.fasfa.ed.gov. In some situations, you may be requested to provide additional information and/or documentation.

A. Student Information

			XXX-XX-
Last Name	First Name	MI	Last 4 Digits of Social Security #
Student's Phone Number	Parent's Phone Number	Date of Birth	

B. Family Information

List the people in your parent(s)' household including:

- **Yourself and your parent(s).** In cases of separation/divorce, list the parent with whom you lived more during the past 12 months. If this parent is remarried, you must include your stepparent. If your legal (biological or adoptive) parents live together, you should list both of them whether they are married or not.
- **Your parent(s)' other children,** even if they don't live with your parent(s), if your parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017 or if the children would be required to provide parental information when applying for Federal Student Aid.
- **Other people** who live with you parent(s) if your parent(s) provide more than half of their support and will continue to do so from July 1, 2016 through June 30, 2017.

Write the names of all household members. Also write the name of the college for any household member who will be attending college at least half-time between July 1, 2016 and June 30, 2017 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Transylvania University

FOR OFFICE USE ONLY

CSP?	Y	N	Doc Rcvd _____	P-TAX	I	Code _____	T	N/F	W2	Y	N
FSR?	Y	N	Doc Rcvd _____	S-TAX	I	Code _____	T	N/F	W2	Y	N

Please complete both sides, sign, and return to:

Transylvania University * Office of Financial Aid * 300 North Broadway * Lexington, KY 40508 * Fax: (859) 281-3650

C. Income Information

Tax returns include the 2015 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico, or a foreign tax return. Please refer to the letter enclosed with this worksheet for more information about providing us with your tax return information. **Do not attach copies of tax returns to this form.**

Parent(s)/Stepparent

Check ONE box below:

- I/we will file a tax return on _____ (date).
- I/we have filed a tax return on _____ (date).
- I/we **were not employed** and had no income earned from working in 2015. I/we have not and will not file a 2015 tax return because I/we are not required by the IRS to do so.
- I/we **were employed**, but I/we have not and will not file a 2015 tax return because I/we are not required by the IRS to do so. I/we have listed below the names of all employers and the amount earned from each employer in 2015. **Copies of all 2015 IRS W-2 forms issued by my employer(s) are attached to this form.**

 Please list employers and attach W-2 forms **only if you are NOT required to file** a 2015 tax return. Otherwise, proceed directly to section D.

Employer's Name	Amount

Student

Check ONE box below:

- I will file a tax return on _____ (date).
- I have filed a tax return on _____ (date).
- I **was not employed** and had no income from working in 2015. I have not and will not file a 2015 tax return because I am not required by the IRS to do so.
- I **was employed**, but I have not and will not file a 2015 tax return because I am not required by the IRS to do so. I have listed below the names of all employers and the amount earned from each employer in 2015. **Copies of all 2015 IRS W-2 forms issued by my employer(s) are attached to this form.**

 Please list employers and attach W-2 forms **only if you are NOT required to file** a 2015 tax return. Otherwise, proceed directly to section D.

Employer's Name	Amount

D. Sign this Worksheet

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

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

 Parent Date

 Student Date