

## 2016-2017 Dependent Verification Worksheet V6

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 reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at Campbell University 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 must complete and sign this worksheet, attach any required documents and submit the form and other required documents to Office of Financial Aid. The financial aid administrator may ask for additional information. If you have questions about verification, contact Office of Financial Aid as soon as possible so that your financial aid will not be delayed.

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Last Name,	First Name,	M.I.	Student ID #	
Street Address (include	de apt. no.)		Date of Birth	
City,	State,	Zip Code,	Email Address	
Home Phone Numbe	r (include area code)		Alternate or Cell Phone Number	

## A. Dependent Student's Family Information

Dependent Student's Information

List below the people in your parent's household. You must 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 2016-2017. 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 through June 30, 2017.
- Include the name of the college for any household member; *exclude listing your parent(s) college*, who will be enrolled, at least halftime, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

Full Name	Age	Relationship	College (enrolled at least ½ time)
Missy Jones (example)	18	Sister	Central University
		Student	Campbell University

Student's Name:		ID#		
B. Dependent Student and Parent's Income nonfiling, MUST ATTACH A COPY OF THEIR  1. TAX RETURN FILERS - The best way to verify If the student and/or parents have not already used to FAFSA Corrections," and navigate to the Financial if the student and/or parents are eligible to use the Instrudent's FAFSA. It takes up to two weeks for IRS in IRS tax return filers, and up to eight weeks for paper	2015 W-2 FORM FOR EACH E income is by using the IRS Dat the tool, go to FAFSA.gov, log it. Information section of the form RS Data Retrieval Tool to trans, come information to be availab	MPLOYER! ta Retrieval Tool that is part on the student's FAFSA reconstruction the instruction of the state of the text.  The state of t	of FAFSA on the Well ord, select "Make uctions to determine mation into the	
Student Section - Check only ONE box from bel	low if you filed a 2015 tax retu	ırn.		
Check here if <b>you used, or will use</b> , the IRS Da	ta Retrieval Tool to transfer you	ur tax information to your FA	FSA.	
Check here if <b>you did not</b> use the IRS Data Retr IRS at <a href="http://www.irs.gov/Individuals/Get-Trans">http://www.irs.gov/Individuals/Get-Trans</a> Make sure you select the IRS Tax Return Transc	script or 1-800-908-9946 to req	uest a copy of your 2015 IRS		
Parent Section - Check only ONE box from belo	ow if you filed a 2015 tax retur	n.		
☐ Check here if your parent(s) filed a 2015 tax retuinformation to your FAFSA, and skip to section		RS Data Retrieval Tool to tran	nsfer their tax	
Check here if your parent(s) filed a 2015 tax retu IRS Tax Transcript to this form. Contact the IRS copy of your parent(s) 2015 IRS Tax Transcript not the IRS Tax Account Transcript.	S at http://www.irs.gov/Individu	nals/Get-Transcript or 1-800-9	908-9946 to request a	
2. TAX RETURN NONFILERS				
Student Section - Check only ONE box from beddid not issue an IRS W-2 form.	low if you DID NOT file a 201	5 tax return, list every emp	loyer even if they	
☐ The student was not employed and had no incom	ne earned from work in 2015.			
The student was employed in 2015 and has listed employer in 2015 even if they did not receive ar 2015 IRS W-2 forms issued to the student by en	IRS W2 form, and whether an			
Student Employer's Name	2015 An	nount Earned Check	Check if W-2 Attached	
Suzy's Auto body Shop (example)	\$2,00	0 (example)		
If more space is needed, attach a separ	rate page with the student's nar	ne and Student ID Number o	at the top.	
NOTE: We may require you to provide documentation from Parent Section - Check only ONE box from belonot issue an IRS W-2 form.				
The parent(s) was not employed and had no inco	ome earned from work in 2015			
☐ The parent(s) was employed in 2015 and has list employer in 2015 even if they did not receive ar 2015 IRS W-2 forms issued to the parent(s) by 6	ted below the names of all the part IRS W2 form, and whether an			
Parent(s) Employer's Name	Belongs To:	2015 Amount Earned	Check if W-2	
Suzy's Auto body Shop (example)	Mother/Father Father (example)	\$2,000 (example)	Attached	
Suz, strate oou, suop (example)	T unter (example)	φ2,000 (επιπιριε)	П	
If more anges is needed, attack a sensu	ato mano with the extended and	a and Student- ID Novel	at the ten	

If more space is needed, attach a separate page with the student's name and Students ID Number at the top.

NOTE: We may require you to provide documentation from the IRS that indicates a 2015 IRS Income Tax Return was not filed with the IRS

Stud	ent's Name:		ID#	
<b>C.</b> 1	Parent's Other Information	n to Be Verified –IF it does not	apply to your household, you	may leave this section blank.
1		neone in the student's household (istance Program "SNAP" (former		
fi n	rom the Supplemental Nutrition ame in some states. For assistant	Assistance Program "SNAP" sonnce in determining the name used will provide documentation of the	metime during 2014 or 2015. SN in a state, please call: 1-800-4F	NAP may be known by another ED-AID (1-800-433-3243)
_ 2	Complete this section if one	of the student's parents paid Chi	ld Support in 2015.	
S	pace below the name of the pers	he household listed in Section A of son who paid the child support, to paid, and the total annual amount of	whom the child support was pai	d, the names and ages of the
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name and Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
	If more space is need	  ed, attach a separate page with ti	 he student's name and Student	ID Number at the top.
• If v add	ditional documentation, such a Copies of the child support pa been made.	the information regarding child as:  yment checks, money order rec chold (Section A), should not be	eipts, or similar records of elec	ctronic payments having
	-	e Verified—Household Reso	urces	
i		nter "N/A" for Not Applicable ested. If more space is needed		
	numeer at top.		STUDE	NT PARENT
	List any payments (direct or wi pension and retirement savings	thheld from earnings) to tax-deferred plans (ex. 401(k) or 403(b) plans), mounts reported on W-2 form in boxe E, F, G, H and S.	G	
	children in your household. Do	ed hild support received in 2015 for the NOT include foster care payments, unt that was court-ordered but not ac	<b>\$</b> tually	\$

student's Name:	ID#	
	STUDENT	PARENT
3. Housing, food, and other living allowances paid to members of the military, clergy, and others.	\$	\$
Include cash payment and/or the cash value of benefits DO NOT include the value of on-base military housing or the value of a basic military allowance for housing.		
4. Veterans non-education benefits	\$	\$
List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation(DIC), and/or VA Educational Work-Study allowances.  DO NOT include federal veteran's educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill		
5. Other untaxed income	\$	\$
List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.  DO NOT include any items reported or excluded in D1 – D4 above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (ex. Cafeteria plan foreign income exclusion, or credit for federal tax on special fuels.	ıs),	
6. Money received or paid on the student's behalf	\$	\$
List any money received or paid on the student's behalf (ex. Payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student's 2016-2017 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc. for the student or gives cash, gift cards, etc., include the amount of that person's contributions unless the person is student's parent whose information is already reported on the student's 14/15 FAFSA Amounts paid on the student's behalf also include any distributions to the student from		

## E. Additional information:

grandparents, aunts, and uncles of student.

Provide information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and includes such things as federal veterans' education benefits, military housing, SNAP, TANF, etc.

If more space is needed, provide a separate page with the student's name and ID number at the top

a 529 plan owned by someone other than the student or the student's parents, such as

Name of Recipient	Type of Financial Support	Annual Amount of Financial Support Received in 2015
Total Amount of Financial Support Received		\$

Student's Name:		ID#	
	ures: Each person signing thi udent and one parent must sign	s worksheet certifies that all of the information reported and date.	d on it is
Student's Signature		Date	
Parent's Signature		Date	
	If you purposely give false	ARNING: or misleading information on this ed, be sentenced to jail, or both.	

You should make a copy of this completed form for your records.