



**VERIFICATION FORM  
2016-2017**

**DEPENDENT**

To receive Federal Financial Aid you are required to verify the information you reported on your application for student financial aid. Please read the instructions and answer all the questions carefully. Return this form to: **Salisbury University, 1101 Camden Avenue, Financial Aid Office, Salisbury, MD 21801.**

**A. Student Information**

(Please Print)

Student Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

\_\_\_\_\_

SU ID # \_\_\_\_\_

\_\_\_\_\_

**B. Family Household Information**

List the people in your parents' household, include:

- include yourself
- include your parent(s). *If your parent is remarried, include information about your parent **and** your parent's current spouse.*
- include your parents' other children, even if they don't live with your parent(s), if (a) **your parents provide more than half of their support** from July 1, 2016 through June 30, 2017 or (b) the children would be required to provide parental information when applying for Federal Student Aid
- include other people if they now live with your parents, and your parents 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.

Full Name of Household Members (see above)	Age	Relationship	Enrolled in College 2016-2017?	Name of College (attending at least half-time, in a school eligible to participate in Title IV programs and enrolled in a degree seeking or certificate program in 2016-2017, <i>excluding parents</i> )
		Self	Yes	Salisbury University

C. Student's Income Information

Dependent

1.  I will file or have already filed a 2015 U.S. Income Tax Return. **Attach all 2015 W-2(s).**

or

I will not file and am not required to file a 2015 U.S. Income Tax Return. (check box, answer a, b, or c)

a.  I was not employed in 2015.

b.  I was employed in 2015. You are required to attach all W-2's to this document.

c.  I was employed in 2015 and was not issued a W-2(s). Please explain why you do not have a W-2(s).

Explanation: \_\_\_\_\_ Amount of income received: \$ \_\_\_\_\_

2.  I **did not** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.

I **did** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015. You are required to attach documentation from the agency that issues the benefit.

D. Parent(s) Income Information

1.  I will file or have already filed a 2015 U.S. Income Tax Return. **Attach all 2015 W-2(s).**

or

I will not file and am not required to file a 2015 U.S. Income Tax Return. (check box, answer a, b, or c)

a.  I was not employed in 2015.

b.  I was employed in 2015. You are required to attach all W-2's to this document.

c.  I was employed in 2015 and was not issued a W-2(s). Please explain why you do not have a W-2(s).

Explanation: \_\_\_\_\_ Amount of income received: \$ \_\_\_\_\_

2.  I **did not** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.

I **did** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015. You are required to attach documentation from the agency that issues the benefit.

3.  I/my spouse **did not pay, was not required** to pay child support in 2015.

I/my spouse **PAID** child support in 2015 because of a divorce or separation or as a result of a legal requirement.

a. The **amount** of child support paid in 2015 \$\_\_\_\_\_.

b. The **name(s)/ages of the children** for whom child support was paid in 2015.

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

c. The **name and address** of the person to whom child support was paid. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d. Signature of person that paid the child support in 2015 \_\_\_\_\_

## E. Verification of Untaxed Income

You/parent must complete all items in the chart. Write "O" for items that do not apply. DO NOT leave items blank.

<i>Untaxed Income</i>	<i>FAFSA Question 45 STUDENT</i>	<i>FAFSA Question 94 PARENT</i>
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 Form in Boxes 12a through 12d, only codes D, E, F, G, H, and S.	\$	\$
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from the IRS Form 1040—total of lines 28 + 32 or 1040A—line 17.	\$	\$
Child support received for all children. Don't include foster care or adoption payments.	\$	\$
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$	\$
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance of housing.	\$	\$
Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowance.	\$	\$
Any other untaxed income or benefits not reported in items 45a through 45h, 94a through 94h such as worker's compensation, untaxed portions of railroad retirement benefits, black lung benefits, disability, etc. Also include the untaxed portions of health savings accounts from IRS 1040 – line 25. Tax Filers only: report combat pay not included in AGI (Q 35 and Q79). Don't include student aid, Workforce Investment Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g., cafeteria plans).	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$	\$

## F. Sign this Worksheet

By signing this worksheet, we certify that all questions on this worksheet are answered and the information reported on this worksheet is correct. At least one parent must sign.

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

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date