



**VERIFICATION FORM
2017-2018**

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)/stepparent. *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 will provide more than half of their support** from July 1, 2017 through June 30, 2018 or (b) if the children would be required to provide parental information if they were completing a 2017-2018 FAFSA
- 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, 2017 through June 30, 2018. Documentation may be required.

Full Name of Household Member (see above)	Age	Relationship	Enrolled in College 2017-2018?	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 2017-2018, <i>excluding parents</i>)
		Self	Yes	Salisbury University

1. I have already filed a 2015 U.S. Income Tax Return.

OR

I 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.

c. I was employed in 2015 and was not issued a W-2(s). Indicate employer and explain why you were not issued a W-2(s).

Employer Name/Explanation: _____ Amount of income received: \$ _____

Employer Name/Explanation: _____ Amount of income received: \$ _____

Employer Name/Explanation: _____ Amount of income received: \$ _____

D. Parent(s) Income Information

1. I have already filed a 2015 U.S. Income Tax Return.

OR

I 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.

c. I was employed in 2015 and was not issued a W-2(s). Indicate employer and explain why you were not issued a W-2(s).

Employer Name/Explanation: _____ Amount of income received: \$ _____

Employer Name/Explanation: _____ Amount of income received: \$ _____

Employer Name/Explanation: _____ Amount of income received: \$ _____

2. 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 "0" 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>
Child support received for all children in 2015. Don't 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). 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.	\$	\$
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

DO NOT USE COMPUTER FONT SIGNATURES