



VERIFICATION FORM
2018-2019

INDEPENDENT

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 household, include:

- yourself and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, and
- 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. Documentation may be required.

Full Name of Household Member (see above)	Age	Relationship	Enrolled in College 2018-2019?	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 2018-2019, <i>excluding parents</i>)
		Self	Yes	Salisbury University

C. Student's Income Information

Independent

1. I have already filed a 2016 U.S. Income Tax Return.

OR

I am not required to file a 2016 U.S. Income Tax Return. (check box AND answer a, b, or c)*

a. I was not employed in 2016.

b. I was employed in 2016.

c. I was employed in 2016 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 2016.

I/my spouse **PAID** child support in 2016 because of a divorce or separation or as a result of a legal requirement.

a. The **amount** of child support PAID in 2016 \$_____.

b. The **name(s)/ages of the children** for whom child support was PAID FOR in 2016. (Cannot include children listed in Section B)

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 2016

D. Spouse's Income Information

1. I have already filed a 2016 U.S. Income Tax Return.

OR

I am not required to file a 2016 U.S. Income Tax Return. (check box, answer a, b, or c) *

a. I was not employed in 2016.

b. I was employed in 2016.

c. I was employed in 2016 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: \$ _____

*If you and/or your spouse did not file a 2016 U.S. Income Tax Return you are required to obtain an IRS Verification of Non-filing Letter. This letter provides proof that the IRS has no record of filed a Form 1040, 1040A or 1040EZ for the 2016 tax year. This is required whether you did or did not work in 2016.

Most non-filers will need to submit IRS Form 4506-T (<https://www.irs.gov/pub/irs-pdf/f4506t.pdf>) to the IRS when requesting their non-filer letter.

When completing the 4506-T form: leave line 5 blank, check box 7 – Verification of Non-filing, and for question 9 enter 12/31/2016.

E. Verification of Untaxed Income

You/spouse 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/SPOUSE</i>
Child support received for all children in 2016. 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.
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
DO NOT USE COMPUTER FONT SIGNATURES

Spouse signature Date