

**Verification Worksheet – INDEPENDENT STUDENT  
ACADEMIC YEAR 2017-2018**

<b>Student Name:</b> _____		
(last)	(first)	(middle initial)
<b>Last Four Digits of Student SSN: XXX - XX -</b> _____	<b>UW Student ID #:</b> _____	

Your 2017-2018 FAFSA was selected for a review process called **Verification**. We will compare your FAFSA with the information on this worksheet, along with any other required documentation. If there are differences, then your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documentation, and submit the information to our office for review. **We may request additional paperwork to complete this review and finalize your eligibility for financial aid.** *Tip: It will be much easier to complete this form if you gather your (and spouse) 2015 tax return and 2015 W-2 form(s) before you begin.*

**HOUSEHOLD SIZE INFORMATION**

Report your marital status **as of the date the FAFSA was signed and submitted:**

<input type="checkbox"/> Never Married	<input type="checkbox"/> Separated Effective Date (month/year): _____/_____/_____
<input type="checkbox"/> Married or Remarried Effective Date (month/year): _____/_____/_____	<input type="checkbox"/> Divorced or Widowed Effective Date (month/year): _____/_____/_____

Provide the names of ALL people included in your household, their ages, their relationship to you, and the name of any accredited postsecondary educational institution they are attending at least half time anytime between 7/1/2017 and 6/30/2018. *Attach an additional sheet for more members, if needed.*

- List your children if you will provide more than half of their support from 7/1/2017 to 6/30/2018. Do not list foster children.
- Include any other people if they currently live with you and you provide more than half of their support and will continue to do so through 6/30/2018.
- If a member is enrolled in Running Start, DO NOT include the college name for that person.

Full Name of Household Member	Age	Relationship to Student	College Name	Enrolled at Least Half Time?
<b>1.</b>		Student	UW	N/A
<b>2.</b>		Spouse (if married)		[ ] Yes or [ ] No
<b>3.</b>				[ ] Yes or [ ] No
<b>4.</b>				[ ] Yes or [ ] No
<b>5.</b>				[ ] Yes or [ ] No
<b>6.</b>				[ ] Yes or [ ] No
<b>7.</b>				[ ] Yes or [ ] No
<b>8.</b>				[ ] Yes or [ ] No

## 2015 INCOME AND TAX INFORMATION

Check the appropriate box(es) in the table below and attach the requested documentation for you (and spouse). *Note: If you were a victim of IRS tax-related identity theft, if you filed an amended tax return (1040X) for 2015, if you filed a joint return but are no longer married, or if you were granted a tax filing extension from the IRS for 2015 and have not yet filed, please contact our office for instructions on how to verify your tax information.*

- I imported my (or our) 2015 federal tax return information using the IRS Data Retrieval Tool (DRT) when I submitted by 2017-2018 FAFSA.
  - *No additional documentation is needed at this time, though it may be requested later.*
  
- I (or we) filed a 2015 federal tax return but did not use the IRS Data Retrieval Tool (DRT).
  - *Attached is a copy the 2015 IRS Tax Return Transcript.*  
*Note: An IRS Tax Return Transcript can be requested from the IRS using Form 4506-T, check box 6a, online at <http://www.irs.gov/Individuals/Get-Transcript>, or by calling the automated IRS transcript request line at 1.800.908.9946.*
  
- I (or we) filed a 2015 foreign tax return.
  - *Attached is a signed copy of the foreign tax return and income statement(s) translated into English and converted into US Dollars.*
  
- I (or we) will not file and am (or are) not required to file a 2015 federal tax return.
  - *Choose one below:*
    - I (or we) did not work in 2015.
    - OR-**
    - I (or we) worked in 2015.
      - *Attached are copies of all 2015 W-2 forms.*
      - *Please complete the Non-Tax Filer Income Information chart here:*

Student and/or Spouse Name (if married)	Employer Name (List all employers even if they did not issue a W-2 form. Attach another sheet for more employers, if needed.)	2015 Wages/Earnings (Box 1 on W-2 form. If a W-2 form was not issued, list all earnings from the job.)
		\$
		\$
		\$
		\$
		\$
		\$

## ADDITIONAL AND UNTAXED INCOME INFORMATION

Answer the following questions. **If any do not apply to your household, enter zero. Do not leave blanks.**

Student	2015 Additional Financial Information	Spouse (if married)
\$	<b>Taxable college grant or scholarship aid</b> reported to the IRS in your adjusted gross income. This information is usually reported as SCH next to line 7 on your 1040 or 1040A tax return or next to line 1 on your 1040EZ tax return.	\$
\$	Taxable earnings from need based employment programs such as Federal Work Study and need based portions of fellowships & assistantships.	\$
\$	Combat or special combat pay (only enter the amount that was taxable and included in your adjusted gross income (AGI). <b>Combat pay is reported on the W-2 form, Box 12, Code Q.</b>	\$
\$	Earnings from work under a Cooperative Education Program offered by a college and/or university.	\$

Student	2015 Untaxed Income	Spouse (if married)
\$	Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to amounts reported on the <b>W-2 Form in Boxes 12a-12d, Codes D, E, F, G, H and S. Do not include code DD.</b>	\$
\$	Child Support <b>RECEIVED</b> for all children. Do <b>not</b> 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 benefits). Do <b>not</b> include the value of on-base military housing or the value of basic military allowance for housing.	\$
\$	Veterans' non-education benefits such as Disability, Death Pension or Dependent & Indemnity Compensation (DIC) and/or VA Work Study allowances.	\$
\$	Other untaxed income not reported, such as workers' compensation, disability, untaxed portions of health savings accounts from IRS Form 1040-line 25, etc. Do <b>not</b> include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security Benefits, Social Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion credit or federal tax on special fuels.	\$
\$	Money received or expenses paid on your behalf (e.g., bills, tuition, etc.) not reported elsewhere on this form.	\$

## CHILD SUPPORT PAID INFORMATION

Report the child support paid in 2015 because of divorce, separation, or as a result of a legal requirement. Do **not** include support paid for children listed in the Household Size Information chart on page 1. Attach additional sheet for more children, if needed.

Support paid to: \_\_\_\_\_ (name)

For: \_\_\_\_\_ (child's name/age)

For: \_\_\_\_\_ (child's name/age)

Total amount paid for all children in 2015:

\$

## PUBLIC ASSISTANCE RECEIVED IN 2015 OR 2016

Did you or any other member in the household size information chart on page 1 receive assistance through any of the following programs during 2015 or 2016?  **Yes**  **No**

If yes, check the box(es) and indicate amount if any that apply to your household below:

- Free/Reduced Lunch**       **Medicaid or SSI:** \$ \_\_\_\_\_ .00       **SNAP:** \$ \_\_\_\_\_ .00  
 **TANF:** \$ \_\_\_\_\_ .00       **WIC:** \$ \_\_\_\_\_ .00

## CHECKLIST

**Please verify the following steps have been completed prior to submitting:**

- I have imported tax information for myself (and spouse) using the DRT through FAFSA.
- I have included tax information for myself (and spouse) by submitting 2015 IRS Tax Return Transcript(s) or signed foreign tax documents.
- I am a (and spouse are) non-tax filer(s) who worked but did not file in 2015 and I (and spouse) have included all copies of my (or our) 2015 W-2(s).
- All sections of this form are completed fully, **there are no blank fields** and it is signed below.
- I understand that I may need to provide additional information, if it is requested.

## CERTIFICATION AND SIGNATURE

**I certify that all information provided on this form and the attached documentation is true and complete to the best of my knowledge.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## HOW TO SUBMIT YOUR FORMS

**Mail or Drop Off:**

Office of Student Financial Aid  
105 Schmitz, Box 355880  
1410 NE Campus Parkway  
Seattle, Washington 98195-5880

**Fax:**

206.685.1338

**Email:**

osfa@uw.edu