

Indicate your *current* marital status:

___ Never married ___ Married/Remarried ___ Divorced/Separated ___ Widowed ___

Date of Marital Status: ___ / ___

C. Student's Income Information to Be Verified

The student and spouse if applicable must complete this section. If the student or spouse filed or will file an amended 2015 IRS Tax Return, contact the Financial Aid Office **before** completing this section.

- ___ Check here if the student/spouse has used the IRS Data Retrieval Tool in FAFSA. If you have successfully used the IRS Data Retrieval Tool, you do not need to submit a Tax Return Transcript.
- ___ Check here if the student/spouse is unable or chooses not to use the IRS Data Retrieval Tool in FAFSA, and will submit to the school 2015 IRS Tax Return Transcripts. Go to www.irs.gov, get transcript of your tax records, request a **Tax Return Transcript**
- ___ Check here if the student/spouse did not work and had no income in 2015.
- ___ Check here if the student/spouse earned income but did not file and was not required to file. **Complete the next section.**

List all employers and income received in 2015. **If you/spouse worked but were not required to file or did not file, you must submit W-2's.** If more space is needed, please attach a separate page with the student's name and Social Security Number at the top.

Sources of Income	Amount of Income	
	\$	Provide W-2
	\$	Provide W-2

D. Child Support Paid to Be Verified

Complete this section if you or your spouse that is included in the household **paid** child support in 2015.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2015

E. SNAP (Supplemental Nutrition Assistance Program) to be Verified

Did you (student) or a family member listed in Section B receive food stamps at any time during 2014 or 2015?

___ No ___ Yes If you answered "Yes" you must attach documentation from the agency issuing the food stamps to confirm. Please print student name and ID number on the documentation before submitting.

F. Verification of other untaxed income for 2015

Do not leave any section blank. If any item does not apply, enter N/A for not applicable.

1. Payments to Tax-Deferred Pensions and Retirement Savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans) including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

2. Child Support Received

List the actual amount of any child support received in 2015 for the children in your household. Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult who Received the Support	Name of Child for Whom Support Was Received	Amount of Child Support Received in 2015

3. Housing, Food, & Other Living Allowances Paid to Members of Military, Clergy, and Others

Include cash payments and/or the cash value of benefits received. Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

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 education benefits such as: Montgomery GI 911 Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

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 1040 Line 25, Railroad Retirement Benefits, etc. Do not include any items reported or excluded in A-D 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 (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of other Untaxed Income Received in 2015

6. Money Received or Paid on the Student's Behalf

List any money received or paid on the student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. 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.

Purpose: e.g. Cash, Rent, Books	Amount Received in 2015	Source

G. Sign this Worksheet

I certify that all of the information reported on this worksheet is complete and correct. The student must sign and date this worksheet, if married, the spouse's signature is optional.

Student's Signature

Date

Spouse's Signature

Date