



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

Excellence With Caring

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID

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2018–2019 Verification Worksheet Dependent Student

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information The Office of Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. The school will send corrections electronically to have your information reprocessed. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit to the Office of Financial Aid. You may be asked for additional information. Please submit the worksheet and required documents as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information

Last Name	First Name	M.I.	ID Number
Street Address (include apt. no.)			Date of Birth
City	State	Zip Code	Email Address
() Home Phone Number (include area code)			() Student's Alternate or Cell Phone Number

B. Dependent Student's Household Information

List below the people in your **parent(s)' household**. **Include:**

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Write the name of all household members (**including yourself**). Also write the name of the college for any household members (**excluding parents/step parents**) who will be enrolled **at least half time** in a degree or certificate program at a postsecondary educational institution between July 1, 2018 and June 30, 2019. *If more space is needed, attach a separate page with the student's name and Student ID at the top.*

Full Name	Age	Relationship	College	Enrolled at Least Half Time
		<i>Self</i>	<i>Florida A&M University</i>	<i>Yes</i>

Student Name _____

Student ID _____

C. Income Information

1. TAX RETURN FILERS—Important Note: If the student and/or parent filed, or will file, an amended 2016 IRS tax return, the student must contact the financial aid administrator before completing this section.

Instructions: Complete this section if the student and/or parent, filed or will file a **2016** income tax return with the IRS. *The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web.*

Check the boxes that apply for PARENT:

- The student's parent has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer **2016** IRS income information into the student's FAFSA.
- The student's parent **is unable or chooses not to** use the IRS Data Retrieval Tool, and the parent will submit to the student's school a copy of the parent's **2016 IRS tax return transcript(s)**—not photocopies of the income tax return. *To obtain an IRS tax return transcript go to www.irs.gov and click on the "Order a Return Transcript" or call 1-800-908-9946. Make sure you request the "IRS tax return transcript" and not the "IRS tax account transcript."*

Check the boxes that apply for STUDENT:

- The student has used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer **2016** IRS income information into the student's FAFSA.
- The student is unable or chooses not to use the IRS Data Retrieval Tool in FAFSA on the Web, and the student will submit to the school a **2016 IRS tax return transcript**—not photocopies of the income tax return. *To obtain an IRS tax return transcript go to www.irs.gov and click on the "Order a Return Transcript" or call 1-800-908-9946. Make sure you request the "IRS tax return transcript" and not the "IRS tax account transcript."*

2. TAX RETURN NONFILERS—Complete this section if the student or parent, will not file and is not required to file a 2016 income tax return with the IRS.

Check the box that applies for parent or student:

- The parent(s) was/were not employed and earned no income from work in **2016**. You must request a Verification of Non-Filing Letter from the IRS and submit the letter as part of your financial aid verification materials. *To obtain an Verification of Non-filing letter go to www.irs.gov and click on the "Order a Return Transcript" or call 1-800-908-9946.*
- The parent(s) was/were employed in **2016** and has listed below the names of all the parent's employers, the amount earned from each employer in **2016**, and whether an IRS W-2 form is attached. Attach copies of all **2016** IRS W-2 forms issued to the parent(s) by employer(s). *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Student ID at the top.*
- The student was not employed and earned no income from work in **2016**.
- The student was employed in **2016** and has listed below the names of all the student's employers, the amount earned from each employer in **2016**, and whether an IRS W-2 form is attached. Attach copies of all **2016** IRS W-2 forms issued to the student by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Student ID at the top.*

Student Name _____

Student ID _____

Employer's Name	Student or Parent's Employment	2016 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>Student (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

D. SNAP and Child Support Verification

1. Complete this section if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the **2016** or **2017** calendar years.

One of the persons listed in Section B of this worksheet received SNAP benefits in **2016** or **2017**. I will provide documentation of the receipt of SNAP benefits during **2016** and/or **2017**.

2. Complete this section if one of the student's parents paid child support in **2016**.

One (or both) of the student's parents listed in Section B of this worksheet paid child support in **2016**. Please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in **2016** for each child. *If you need more space, attach a separate page that includes the student's name and Student ID at the top.*

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 2016
<i>Marty Jones (example)</i>	<i>Chris Smith (example)</i>	<i>Terry Jones (example)</i>	<i>\$6,000.00 (example)</i>

E. Untaxed Income

Do not include financial aid, social security benefits, or welfare benefits. Be sure to enter N/A or ZERO for items that do not apply. DO NOT LEAVE THIS AREA BLANK

	Parent	Student
Payments to tax-deferred pension, amounts reported on the W-2 forms in Boxes 12a -12d, codes D, E, F, G, H and S	\$	\$
Child Support Received	\$	\$
Housing, Food, Other living allowances for military/clergy	\$	\$
Veteran's Non-Educational benefits(disability, death pension, Dependency& Indemnity Comp and/or VA Work-Study allowance	\$	\$
Other Untaxed Income Not Reported (Worker's comp, disability, etc.):	\$	\$

Student Name _____

Student ID _____

F. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

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

Student's Signature

Date

Parent's Signature

Date

Please submit the Verification Worksheet and supporting documents to:

Office of Financial Aid
101 Foote-Hilyer Administration Center
Tallahassee, FL 32307