2015-2016: V6-VERIFICATION SHEET (1/3)

LAST NAME	FIRST NAME
LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	ANDREWS UNIVERSITY ID NUMBER
STUDENT'S EMAIL ADDRESS	TELEPHONE/MOBILE
A WORD FROM STUDENT FINANCIAL SERVICES:	Your application was selected for review in a process called

A WORD FROM STUDENT FINANCIAL SERVICES: Your application was selected for review in a process called "Verification." In this process, we will be comparing information from your application with 2014 Federal Tax Return Transcripts, and/or with W2s or other financial documents. The U.S. Dept. of Education requires us to collect this information before awarding federal aid. If there are differences between your application information and your financial documents, corrections may need to be made to your FAFSA. Complete this form and submit it to the Office of Student Financial Services as soon as possible to ensure prompt processing. **Warning:** If you purposely give false or misleading information on this sheet, you may be fined, and/or be sentenced to jail by the federal government.

SECTION 1-HOUSEHOLD INFORMATION

- > Were you required to provide parent information on FAFSA?
 - □ NO. Then you are classified as Independent. *Include the following people in the box below:*
 - > yourself, your spouse if you have one, and
 - > your children, if you will provide more than half of their support from July 1, 2015 through June 30, 2016 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, 2015 through June 30, 2016.
 - ☐ YES. Then you are classified as Dependent. *Include the following people in the box below:*
 - > yourself and your custodial parent(s), and
 - > your custodial parent(s)' other children, if (a) your parent(s) will provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to provide parental information if completing a FAFSA for 2015-16, and
 - > **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 from July 1, 2015 through June 30, 2016.

NOT SURE? To determine who is considered a **custodial parent** for purposes of this form, see below:

- > If your parents are living together and/or married to each other, include them both in the household listing.
- > If your parent is widowed or single, list this parent. If your widowed parent is remarried as of the day you completed the FAFSA, also include the person whom your parent married, i.e. your stepparent.
- > If your parents have divorced or separated, only include in the household listing the parent with whom you live the most. If you did not live with one parent more than the other, only include the parent who provides more financial support to you. If this parent has remarried as of the day you completed the FAFSA, also include the person whom your parent married, i.e. your stepparent.

Full names of ALL	Age	Relationship to	Will he/she be en	•	If enrolle type of p	-	Name of	
household members	Age	student	. •	least half-time in 2015-16?		GRAD	college/university	
		Self	☐ Yes	□ No				
			☐ Yes	□ No				
			☐ Yes	□ No				
			☐ Yes	□ No				
			☐ Yes	□ No				
			☐ Yes	□ No				
			☐ Yes	□ No				

NAMEID/ LAST 4 DIGITS OF SSN		2015-2016:	V6-VERIFI	CATION S	HEET (2/3)
SECTION 2-TAX INFORMATI	ON				
If we are requesting your IRS "Correction" and link directly t FAFSA. If you and/or your cust option to link directly to the IR custodial parent(s) or spouse. Transcript. You must also sub	to the IRS database using odial parent(s) or spouse S database, you must pro You may print a free tr	g the IRS Data Ret filed a tax return b ovide a <u>Tax Retur</u> anscript online at	rieval Tool an out were not pr n Transcript www.irs.gov/	d resubmit y esented with for you and y	our the our
Foreign or Puerto Rico Filers no taxes were filed, we can acceand taxes paid during January -	ept a signed statement fro				
> Check the situations below as they	apply to you (the stude	nt) and your pare	ent(s)/spouse:		
·				<u>Student</u>	Parent/Spouse
Have or will complete IRS Data Retrieva	l (data was not altered)				
Not eligible for IRS Data Retrieval. Will	submit 2014 Tax Return Tr	anscript(s)			
Did work in 2014, but is not required to	file a federal tax return				
Did NOT work in 2014 and is not require	ed to file a 2014 federal tax	k return			
Did NOT file taxes, but had income in 20	014. Part/all was in cash, in	ndicate amount: \$_		_ 🗆	
SECTION 3-ADDITIONAL FIN	IANCIAL INFORMA	TION			
> Did you report an unusually low ho	usehold income on the	FAFSA?		☐ Yes	□ No
If yes, please describe how your househousehousehousehousehousehousehouse	old was supported through	n 2014. List source	s of support an	d specific dol	ar amounts.
> Did you or anyone in your househol	d receive SNAP - Food S	Stamps in 2013 a	nd/or 2014?	☐ Yes	□ No
> Did you or anyone in your househol	ld pay child support in 2	014?		☐ Yes	□ No
If you answered yes, list children living o	outside of the household fo	or whom child supp	ort was paid.		
CHILD #1	CHILD #	2		CHILD #3	
Child's name	Child's name		Child's name		
Child's age	Child's age		Child's age		
Amount paid \$	Amount paid \$		Amount paid	\$	

Child's age
Child's age
Child's age
Child's age
Amount paid \$
Amount paid \$
Paid to
Payor name
Payor name
Child's age
Child's age
Amount paid \$
Paid to
Paid to
Payor name

Payor signature Payor signature Payor signature

LAST 4 DIGITS OF SSN	2015-2016: V6-VERIFICATI	ON SHEET (3/3		
id you receive any funds in 2014 that v	was untaxed income? Please list below.			
STUDENT/SPOUSE INFORMATION: See Student F.	inancial Information Section, Question 45 on FAFSA.			
Sources of Untaxed Income Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms in Boxes 12a – 12d with codes D,E,F,G,H, and S. Don't include amounts reported in code DD-employer contributions toward employee health benefits.				
			Child support received. Do not include foster care payme.	nts, adoption payments, or any amount that was court-ordered but not paid.
Name of adult recipient:	Name of child recipient:	\$		
Parsonage, housing, food & other living allowances p	paid to members of the military, clergy and others.			
Name of recipient:	Type of benefit:	- \$		
Veterans noneducation benefits such as Disability, Death	h pension, or Dependency & Indemnity, and/or VA Educational Work-Study allowances.			
Name of recipient:	Type of benefit:	\$		
Other untaxed income not reported in items 45a-45h, suci	h as worker's compensation, disability (not SS disability), IRS Form 1040, Line 25.			
Name of recipient:	Type of benefit:	\$		
Money received or paid on the applicant's behalf not	t reported elsewhere on this form.			
Purpose:	Source:	\$		
Other:				
other:		\$		
Other:		\$		
Other: PARENT INFORMATION: See Parent Financial Infor	rmation Section, Question 94 on FAFSA. urces of Untaxed Income	\$		
Other: PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings	·	\$		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms) DD-employer contributions toward employee health benefits.	urces of Untaxed Income	\$ Total recv'd in 201		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms) DD-employer contributions toward employee health benefits.	in Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code	\$ Total recv'd in 201		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payments	in Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code nts, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient:	Total recv'd in 201 \$		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payment Name of adult recipient:	in Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code nts, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient:	\$ Total recv'd in 201		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms. DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payment Name of adult recipient: Parsonage, housing, food & other living allowances p Name of recipient:	in Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code ints, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient: paid to members of the military, clergy and others.	\$ Total recv'd in 201 \$ \$ \$		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms. DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payment Name of adult recipient: Parsonage, housing, food & other living allowances p Name of recipient:	in Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code ints, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient: paid to members of the military, clergy and others. Type of benefit:	Total recv'd in 201 \$		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms. DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payment Name of adult recipient: Parsonage, housing, food & other living allowances p Name of recipient: Veterans noneducation benefits such as Disability, Death Name of recipient:	In Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code Ints, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient: Daid to members of the military, clergy and others. Type of benefit: In pension, or Dependency & Indemnity, and/or VA Educational Work-Study allowances.	\$ Total recv'd in 201 \$ \$ \$		
PARENT INFORMATION: See Parent Financial Infor Sou Payments to tax-deferred pensions and savings (including but not limited to amounts reported on W-2 forms. DD-employer contributions toward employee health benefits. Child support received. Do not include foster care payment Name of adult recipient: Parsonage, housing, food & other living allowances p Name of recipient: Veterans noneducation benefits such as Disability, Death Name of recipient:	In Boxes 12a – 12d with codes D,E,F,G,H, and S). Don't include amounts reported in code Ints, adoption payments, or any amount that was court-ordered but not paid. Name of child recipient: Daid to members of the military, clergy and others. Type of benefit: In pension, or Dependency & Indemnity, and/or VA Educational Work-Study allowances. Type of benefit:	\$ Total recv'd in 201 \$ \$ \$		

PARENT OF DEPENDENT STUDENT

DATE _____