

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 “Verification.” In this process, we will be comparing information from your application with 2015 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, 2016 through June 30, 2017 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, 2016 through June 30, 2017.

☐ **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, 2016 through June 30, 2017, or (b) the children would be required to provide parental information if completing a FAFSA for 2016-17, 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, 2016 through June 30, 2017.

**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.

[illegible]

NAME \_\_\_\_\_  
ID/ LAST 4 DIGITS OF SSN \_\_\_\_\_

**2016-2017: V6-VERIFICATION SHEET (2/3)**

**SECTION 2-TAX INFORMATION**

Your application requires IRS tax data. Log back into your [FAFSA](#), click on "Make A Correction" and link directly to the IRS database using the IRS Data Retrieval Tool and resubmit your FAFSA. If you and/or your custodial parent(s) or spouse filed a tax return but were not presented with the option to link directly to the IRS database, you must provide a **Tax Return Transcript** for you and your custodial parent(s) or spouse. You may request a free transcript online at [www.irs.gov](http://www.irs.gov). **You may also need to submit copies of all W-2s and/or 1099 forms for 2015.**

**Foreign, US territory, or commonwealth residents:** Please submit a copy of your tax transcript. If no taxes were filed, we can accept a Wage & Tax Statement or its equivalent from each employer; indicating total income earned and taxes paid during January – December 2015.

> Check the situations below as they apply to you (the student) and your parent(s)/spouse:

	<u>Student</u>	<u>Parent/Spouse</u>
Have or will complete IRS Data Retrieval (data was not altered)	<input type="checkbox"/>	<input type="checkbox"/>
Not eligible for IRS Data Retrieval. Will submit 2015 Tax Return Transcript(s)	<input type="checkbox"/>	<input type="checkbox"/>
Did work in 2015, but did not file taxes. I am not required to file a 2015 federal tax return.	<input type="checkbox"/>	<input type="checkbox"/>
Did NOT work in 2015, did not file taxes. I am not required to file a 2015 federal tax return.	<input type="checkbox"/>	<input type="checkbox"/>
Did NOT file taxes, but had income in 2015 not reported on a W2. Submit 1099 and/or a signed statement of income.	<input type="checkbox"/>	<input type="checkbox"/>

**SECTION 3-ADDITIONAL FINANCIAL INFORMATION**

> Did you report an unusually low household income on the FAFSA? ☐ Yes ☐ No

If yes, please describe how your household was supported through 2015. List sources of support and specific dollar amounts.

> Did you or anyone in your household receive SNAP - Food Stamps in 2014 and/or 2015? ☐ Yes ☐ No

> Did you or anyone in your household pay child support in 2015? ☐ Yes ☐ No

If you answered yes, list children living outside of the household for whom child support 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 \$
Paid to	Paid to	Paid to
Payor name	Payor name	Payor name
Payor signature	Payor signature	Payor signature

NAME \_\_\_\_\_

ID/ LAST 4 DIGITS OF SSN \_\_\_\_\_

**2016-2017: V6-VERIFICATION SHEET (3/3)**

&gt; Did you receive any funds in 2015 that was untaxed income? Please list below.

&gt; Do not leave any lines blank. Enter Ø or N/A if an item does not apply.

**STUDENT/SPOUSE INFORMATION:** See Student Financial Information Section, Question 45 on FAFSA.

Sources of Untaxed Income		Total recv'd in 2015
<b>Payments to tax-deferred pensions and savings</b> (including but not limited to amounts reported on <u>W-2 forms in Boxes 12a – 12d with codes D,E,F,G,H, and S</u> . <b>Don't include</b> amounts reported in code DD-employer contributions toward employee health benefits.		\$
<b>Child support received.</b> Do not include foster care payments, adoption payments, or any amount that was court-ordered but not paid.		\$
Name of adult recipient:	Name of child recipient:	
<b>Parsonage, housing, food &amp; other living allowances paid to members of the military, clergy and others.</b>		\$
Name of recipient:	Type of benefit:	
<b>Veterans noneducation benefits</b> such as Disability, Death pension, or Dependency & Indemnity, and/or VA Educational Work-Study allowances.		\$
Name of recipient:	Type of benefit:	
<b>Other untaxed income</b> not reported in items 45a-45h, such as worker's compensation, disability (not SS disability), IRS Form 1040, Line 25.		\$
Name of recipient:	Type of benefit:	
<b>Money received or paid on the applicant's behalf not reported elsewhere on this form.</b>		\$
Purpose:	Source:	
Other:		\$
Other:		\$

**PARENT INFORMATION:** See Parent Financial Information Section, Question 94 on FAFSA.

Sources of Untaxed Income		Total recv'd in 2015
<b>Payments to tax-deferred pensions and savings</b> (including but not limited to amounts reported on <u>W-2 forms in Boxes 12a – 12d with codes D,E,F,G,H, and S</u> . <b>Don't include</b> amounts reported in code DD-employer contributions toward employee health benefits.		\$
<b>Child support received.</b> Do not include foster care payments, adoption payments, or any amount that was court-ordered but not paid.		\$
Name of adult recipient:	Name of child recipient:	
<b>Parsonage, housing, food &amp; other living allowances paid to members of the military, clergy and others.</b>		\$
Name of recipient:	Type of benefit:	
<b>Veterans noneducation benefits</b> such as Disability, Death pension, or Dependency & Indemnity, and/or VA Educational Work-Study allowances.		\$
Name of recipient:	Type of benefit:	
<b>Other untaxed income</b> not reported in items 94a-94h, such as worker's compensation, disability (not SS disability), IRS Form 1040, Line 25.		\$
Name of recipient:	Type of benefit:	

**REQUIRED SIGNATURE(S)**

STUDENT \_\_\_\_\_

DATE \_\_\_\_\_

PARENT OF DEPENDENT STUDENT \_\_\_\_\_

DATE \_\_\_\_\_