



## 2017-2018 Verification Worksheet – Independent

### A. STUDENT INFORMATION

<b>Student ID #</b>	
<b>Last Name</b>	
<b>First Name</b>	
<b>Telephone #</b>	

### B. HOUSEHOLD INFORMATION

Student's marital status as of TODAY:  Single  Married/Remarried  Widowed  Separated  Divorced  
 List the month and year of your current marital status (i.e. date of divorce or date married): \_\_\_\_\_

Full Name	Age				
Write the names of the people in your household in the chart below.  1. Include yourself. 2. Include your spouse, if you are married. 3. Include your children and your spouse's children, if you or your spouse will provide more than half of their support between July 1, 2017 and June 30, 2018, even if they do not live with you. 4. Include other dependents if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support through June 30, 2018.	Write the age of each household member in the chart below.  <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #cccccc;"> <th style="width: 100%;">Relationship</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Write the relationship of each household member to the student in the chart below.</td> </tr> <tr style="background-color: #cccccc;"> <th style="width: 100%;">College</th> </tr> <tr> <td style="padding: 5px;">List the name of the college/university for any household member who will be enrolled at least half time (usually 6 or more credits) between July 1, 2017 and June 30, 2018. List only those who are enrolled in a degree, diploma or certificate program at an eligible post-secondary institution</td> </tr> </tbody> </table>	Relationship	Write the relationship of each household member to the student in the chart below.	College	List the name of the college/university for any household member who will be enrolled at least half time (usually 6 or more credits) between July 1, 2017 and June 30, 2018. List only those who are enrolled in a degree, diploma or certificate program at an eligible post-secondary institution
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Full Name	Age	Relationship	College/University		
		Self	VCSU		

If more space is required, please attach a separate page.

### C. INDEPENDENT STUDENT'S (and Spouse, if married) 2015 INCOME INFORMATION

Check the box that applies:

- Student (and spouse, if married) filed a **2015** Federal IRS Tax Return and linked taxes to the FAFSA using the IRS Data Retrieval Tool.
- Student (and spouse, if married) filed a 2015 Tax Return and am unable to link my taxes. (The IRS Data Retrieval Tool is unavailable until further notice). Please go to [www.irs.gov](http://www.irs.gov) and request your IRS Tax Return Transcript.
- Student (and spouse, if married) was employed and had income, but was not required to file a **2015** Federal IRS Tax Return:
  - If you marked this box, you must submit copies of all **2015** W-2 and 1099 Forms. (If you do not have these forms, contact your tax preparer or your employer to obtain duplicates).
  - If you only received cash income in 2015, indicate the amount you received: \$ \_\_\_\_\_

Student (and spouse, if married) was not employed, did not have income, and was not required to file a **2015** Federal IRS Tax Return.

Student (and spouse, if married) filed a 2015 Amended Tax Return, please attach the following:

- 2015 IRS Tax Return Transcript
- 2015 1040X (signed)

**E. 2015 CHILD SUPPORT RECEIVED OR PAID**

In **2015** (January 1 – December 31), did you or your spouse (if married) **RECEIVE** child support because of a divorce, separation or legal requirement?  Yes  No

If yes, tell us who received the child support, the amount received, from whom it was received (name), and for whom it was received (name/age). Example: Jane Doe received \$2500 from John Doe for Jack Doe, age 4. \_\_\_\_\_

In **2015** (January 1 – December 31), did you or your spouse **PAY** child support because of a divorce, separation or legal requirement? Do not include support for children in your household as reported in Section B on page 1 of this form.

Yes  No

If yes, tell us who paid the child support, to whom it was paid (name), total amount paid, and for whom it was paid (name/age).

Example: John Doe paid Jane Doe \$2500 for Jack Doe, age 4. \_\_\_\_\_

**F. SIGNATURES – Manually sign with a pen. Unsigned forms or those with digital/electronic/typed signatures will be returned.**

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid. I understand that the information provided on this form may affect my/my student's financial aid eligibility/award.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forms can be returned to:**

Valley City State University Financial Aid Office

101 College St SW, Valley City ND 58072

Fax: 701-845-7545 Phone: 1-800-532-8641 or 701-845-7542

E-mail: [financial.aid@vcsu.edu](mailto:financial.aid@vcsu.edu)