

Academic year 2017-2018

**I VERIFICATION
INDEPENDENT STUDENT**

DIRECTIONS

PLEASE read instructions carefully, complete both pages, and sign this form on page 2. Your financial aid application was selected for review in a process called “verification.” We can resume processing your application when this form and all required documentation have been submitted. To be considered for financial aid the documentation must be submitted by your last date of eligible enrollment, or the date listed below that corresponds with your last term of enrollment, whichever is first:

- **Fall term 2017:** December 1, 2017
- **Spring term 2018:** April 28, 2018
- **May/summer 2018:** July 14, 2018

In the verification process we compare the information you provide on this form and your 2015 tax returns to the information provided on your Free Application for Federal Student Aid (FAFSA). If the information on your FAFSA differs from the information on your financial documents, your application data will be corrected. Your financial aid award amounts will reflect those changes. **Please be sure to write your (the student’s) name and either University ID number or SSN on all tax documents submitted.**

To ensure privacy online, open in Adobe Reader (free at Adobe.com). Please add the required signature(s) in blue or black ink.

RETURN FORM:

BY MAIL TO:

Office of Student Finance
200 Fraser Hall
106 Pleasant St. SE
Minneapolis, MN 55455-0422

IN PERSON ON CAMPUS TO:

One Stop Student Services
333 Robert H. Bruininks Hall
130 West Bank Skyway
130 Coffey Hall

Questions?

Phone: 612-624-1111
TTY (hearing impaired): 612-626-0701
Email: onestop@umn.edu

STEP 1. Student information

Name (last, first, middle initial)	Birth date (mm/dd/yyyy)	Last 4 digits of Social Security number	University student ID
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STEP 2. Student household information

PLEASE READ AND COMPLETE THIS SECTION CAREFULLY

A. List members in your household. Provide names, birth dates and relationships of all eligible household members for whom you (and/or your spouse) will provide more than 50% of financial support between July 1, 2017 and June 30, 2018. List only those family members who live in the same household with you, and if you are married, your spouse. Eligible household members include the following:

- Yourself (and your spouse if you are married),
- Your children, if you will provide **more than half their financial support** and you will continue to provide more than half their support from July 1, 2017 through June 30, 2018.
- Other people if they **NOW** live with you, receive **more than half their financial support** and will continue to receive more than half their support from you from July 1, 2017 through June 30, 2018.

B. If anyone listed is or will be enrolled in a degree or certificate program at least half time between July 1, 2017 and June 30, 2018, list the postsecondary institution s/he will attend. You may be required at a later date to provide confirmation of enrollment for all household members attending college at least half time.

C. For family members enrolled at least half time in a postsecondary institution, report the program level in which they are enrolled—**PSEOP** (Postsecondary Enrollment Options Program, i.e. college attendance prior to high school graduation), **undergraduate**, or **graduate**.

Name	Birth date (mm/dd/yyyy)	Relationship to student	Postsecondary institution s/he will attend at least half time from July 1, 2017 to June 30, 2018	Program level (PSEOP, undergraduate, or graduate)
1.		self	University of Minnesota, Twin Cities	
2.		spouse		
3.				
4.				
5.				

More than five household members? YOU ARE REQUIRED TO ATTACH A LIST of the additional household members. Your list must provide all of the information requested above for each additional person listed. Your aid may increase with this information.

To request copies of this form in an alternative format, please call the Disability Resource Center liaison at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.



STEP 3. U.S. or foreign income

Please indicate by checking the appropriate box whether you filed a 2015 federal income tax return. Follow the instructions and submit the required documentation for the statement you selected. Please read all statements before selecting an option. Both student and spouse must select the box that pertains to their incomes or tax filing statuses.

Filed a 2015 tax return		<p>You must submit a signed copy of your 2015 federal tax return.</p> <p>If you are unable to locate a copy of your 2015 federal tax return, you may request a tax return transcript from the IRS at: https://www.irs.gov/individuals/get-transcript.</p> <ul style="list-style-type: none"> • ONLINE Option: Click "Get a transcript ONLINE." Be sure to request the IRS Tax Return Transcript, NOT Tax Account Transcript. You must have a cell phone account in your name and a financial account such as a credit card, mortgage, etc. to complete this process. • MAIL Option: Click "Get a tax transcript by MAIL." Data entered on this screen must be exactly the same as it appears on your federal tax return. Be sure to request the IRS Tax Return Transcript NOT IRS Tax Account Transcript. • Phone Option: Call 1-800-908-9946. • IRS Form 4506-T Option: Go to https://www.irs.gov/forms-pubs. Select and print the 4506-T form. Complete the form, selecting box 6a. This form must be signed by the tax filer. Mail the form to the IRS at the address provided. 													
Student	Spouse														
<input type="checkbox"/>	<input type="checkbox"/>														
Worked, but not required to file a tax return		<p>Name of employer or source of income</p> <table border="1"> <thead> <tr> <th>Name of employer or source of income</th> <th>2015 student income amount</th> <th>2015 spouse income amount</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name of employer or source of income	2015 student income amount	2015 spouse income amount									
Name of employer or source of income	2015 student income amount	2015 spouse income amount													
Student	Spouse														
<input type="checkbox"/>	<input type="checkbox"/>														
Did not work															
Student	Spouse	I/we did not work in 2015.													
<input type="checkbox"/>	<input type="checkbox"/>														

STEP 4. Certification

You are required to sign and date this certification section. Signatures must be hand-signed in blue or black ink. By signing this form, we certify that all the information we have reported on this form to qualify for federal student aid is complete and correct.

Student signature (required)	Phone number	Date signed
Spouse signature	Phone number	Date signed