



**FRIENDS
UNIVERSITY**

2100 W. University St. • Wichita, KS 67213

**2010-2011
INDEPENDENT
VERIFICATION
WORKSHEET**

STUDENT NAME: _____ **SS NUMBER:** _____

In compliance with the financial aid program rules (CFR Title 34, Part 668), your school must review the requested information.

Please read all instructions carefully. Inaccurate or incomplete information may delay the processing of your financial aid file. **Forms not completed in their entirety will not be accepted.**

FAMILY SIZE INFORMATION

In the table below:

- I. List all people you (and/or your spouse) will support now, and through June 30, 2011. Include:
 - a. Yourself
 - b. Your spouse
 - c. Your dependent children (**If you provided more than half their support**)
 - d. Others living in the household (**If you provided more than half their support**)

Full Name Include first and last names of each individual in the household. You may use a separate sheet of paper if not all family members named will fit on this form.	Date of Birth Enter date of birth of each person in the family. Do not include dependent family members born before January 1, 1987 or enrolled in post-secondary education.*	Relationship to Student Include other people as part of your family ONLY IF they lived with you and received more than half their support from you (and your spouse) at the time you completed the FAFSA, AND they will continue to receive more than half their support from you (and your spouse) from July 1, 2010 to June 30, 2011	College Attending If family members will be attending college at least half time in a degree or certificate program between July 1, 2010 and June 30, 2011, indicate name of college. If a family member will not be attending college, indicate by using N/A.
1			
2			
3			
4			
5			
6			

* Some exceptions may be made regarding people in the household born before January 1, 1987. Please contact the Financial Aid Office for more information regarding these exceptions.

REMINDER: Please send signed copies of 2009 Federal tax forms with this form.
(Front and back of 1040, 1040A, or 1040EZ)
(Also will accept 1040PC or tax transcript)

(OVER)

TAX YEAR 2009

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. If zero write zero, leave no blanks.

Please answer all questions, if zero, write zero. Forms with blanks will be returned to the student for completion which may slow the financial aid process.

Additional Financial Information		STUDENT	SPOUSE
Child support PAID because of divorce or separation.	Name/s of children		
		/yr	/yr
Taxable earnings from Federal Work-Study.		/yr	/yr
Taxed portion of combat pay.		/yr	/yr

Untaxed Income	STUDENT	SPOUSE
Payments to tax-deferred pension and savings plans found in boxes 12a-12d on W-2's, codes 'D' through 'H' & 'S'. Include untaxed portions of 401(K), 403(b), etc.	/yr	/yr
Child support RECEIVED for all children. (Don't include foster care of adoption payments.)	/yr	/yr
Housing, Food, and other living allowances paid to members of the military, clergy, and others (includes cash payments and cash value benefits).	/yr	/yr
Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC).	/yr	/yr
Any other untaxed income or benefits not reported elsewhere, including Worker's Compensation, Disability, etc. (Don't include welfare payments, SSI, untaxed Social Security, military housing, or combat pay.)	/yr	/yr
Money received, or paid on your behalf, not already reported on the this form	/yr	/yr

Note: If you had an IRA rollover (Roth, etc.), you must supply appropriate documentation in order to remove the untaxed income from the calculations of financial aid.

Non-Filer Information

Complete information in this box only if student and/or spouse DID NOT file taxes.

If the student or spouse did not file and are not required to file 2009 Federal Income Tax return list below your employer(s) and any income received in 2009.

- Check box if: Student was not required to file a 2009 Income Tax Return
 Spouse was not required to file a 2009 Income Tax Return

Student's Work	Amount Earned

Spouse's Work	Amount Earned

SIGNATURES: By signing this worksheet, I (we) certify that all information reported to qualify for Federal student aid is complete and accurate.

Student's Signature

Date:

Spouse's Signature (Optional)

Date: