



**FRIENDS
UNIVERSITY**

2100 W. University St. • Wichita, KS 67213

**Financial Aid
Independent Verification
Worksheet
2016 - 2017**

STUDENT NAME: _____ **Student ID or SSN:** _____

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:

List all people you (and/or your spouse) will support now, and through June 30, 2017.

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, 1993 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, 2016 to June 30, 2017	College Attending If family members will be attending college at least half time in a degree or certificate program between July 1, 2016 and June 30, 2017, 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, 1993. Please contact the Financial Aid Office for more information regarding these exceptions.

REMINDER: Please send signed copies of 2015 federal tax return transcripts with this form OR you can link your tax information to the IRS through www.FAFSA.gov.

We may also require 2015 W-2's:

Please refer to the document request notification or contact our office.

(OVER)

TAX YEAR 2015

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS. If zero, write 0; leave no blanks.

Please answer all questions, if zero, write the number 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 (include separate page if more than 3 children).	Name of person to whom child support was paid	Name of child for whom support was paid		
	1		/yr	/yr
	2		/yr	/yr
3		/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.

Other Information to Be Verified: Check the box that applies to you:

YES One of the persons listed in the household on page 1 of this form received SNAP benefits (formerly food stamps) in 2014 or 2015. You may be asked to provide documentation of the SNAP benefits received from 2014 and/or 2015.

NO No persons listed in the household on page 1 of this form received SNAP benefits (formerly food stamps) in 2014 or 2015.

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 a 2015 federal income tax return, list below your employer(s) and any income received in 2015.
All non-filers must attach W-2's when applicable. If no W-2 received, please indicate below.

Check box if: Student was not required to file a 2014 Income Tax Return.
 Spouse was not required to file a 2014 Income Tax Return.

Student's Work	Amount Earned	Received W-2?	Spouse's Work	Amount Earned	Received W-2?

SIGNATURES: By signing this worksheet, we certify that all information reported is complete and accurate.

Student's Signature

Date:

Spouse's Signature (Optional)

Date:

If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.