



Federal Student Aid Programs

2010-2011 Verification Worksheet

University of Arkansas at Pine Bluff--Student Financial Services--1301 L.A. "Prexy" Davis Dr.-- Mail Slot 4985--Pine Bluff Arkansas 71601--Caldwell Hall Room 102
Office: (870) 575-8302 Fax: (870) 575-4622

Your application was selected for review in a process called "**verification**." In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form and with signed copies of your 2009 federal tax forms (and your spouse's if you are married, or parent(s) if you are considered dependent for federal aid purposes). If there are differences between your application and the documents you submitted, corrections will be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

WHAT YOU SHOULD DO

1. Collect your, and if applicable, your spouse's or parent(s)' signed federal income tax forms.
2. Complete this form and provide required signatures (yours and your parent(s)' if applicable).
3. Contact the Student Financial Services office if you have questions about completing this worksheet.
4. Bring or mail this completed form and tax forms to the Student Financial Services office.
5. Complete this form in black or blue ink only. **Do not use a pencil.**
6. Do not make any additional income/household size/#in college corrections to the FAFSA once this form has been submitted.

NOTE: DO NOT LEAVE ANY RESPONSES BLANK. INCOMPLETE FORMS WILL BE RETURNED TO THE STUDENT FOR COMPLETION AND WILL DELAY THE PROCESSING OF FINANCIAL AID.

A. STUDENT INFORMATION:

| | | | | |
|-------------------------------|-------|------------|--------------------------------------|--------------------------------------|
| Last Name | | First Name | M.I. | UAPB Student ID or Social Security # |
| Address (include apt. number) | | | | Date of Birth |
| City | State | Zip Code | Telephone Number (include area code) | |

B. FAMILY INFORMATION:

E-mail address: _____

Answer the questions below. If you answer "**YES**" to any question you are an "**Independent**" student for federal financial aid purposes. If you answer "**NO**" to all the questions you are a "**Dependent**" student for federal financial aid purposes.

- | | | |
|---|-----|----|
| (1) Were you born before January 1, 1987? | YES | NO |
| (2) Are you admitted to a masters or doctoral degree granting program? | YES | NO |
| (3) Were you married, as of the day you filed the Free Application for Federal Student Aid (FAFSA)? Answer yes if you are separated but not divorced. | YES | NO |
| (4) Do you have children who receive more than half of their support from you? | YES | NO |
| (5) Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you now and through June 30, 2011? | YES | NO |
| (6) At any time since you turned 13, were both of your parents deceased, were you in foster care or were you a dependent or ward of the court? | YES | NO |
| (7) Are you a veteran of the U.S. Armed Forces? | YES | NO |
| (8) Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? | YES | NO |
| (9) Are you or were you an emancipated minor as determined by a court in your state of legal residence? | YES | NO |
| (10) Are you or were you in legal guardianship as determined by a court in your state of legal residence? | YES | NO |
| (11) At any time on or after July 1, 2009, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless? | YES | NO |
| (12) At any time on or after July 1, 2009, did the director of an emergency shelter or transitional housing program funded by the U.S Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless? | YES | NO |
| (13) At any time on or after July 1, 2009, did the director of a runaway or homeless basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? | YES | NO |

Based on the responses to the questions above, please select your status by checking the appropriate box:

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DEPENDENT STUDENT

List the people in your parent(s)' household. Include:

- Yourself and your parent(s), as reported on the FAFSA (including stepparent), even if you don't live with your parents, and
- Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2010 through June 30, 2011, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

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INDEPENDENT STUDENT

List the people in your household. Include:

- Yourself
- Your spouse, if married.
- Your dependent children, if you will provide more than half of their support from July 1, 2010 through June 30, 2011.
- Other people 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 from July 1, 2010 through June 30, 2011.

Write the names of all household members, as defined on the front side of this form, in the space(s) below (put your name on the first line). If you are a dependent student a parent(s) must be listed in the space below. Also write the **name of the college** for any household member, **excluding your parent(s)**, who will attend college at least half time between 7/1/2010 and 6/30/2011 and will enroll in a degree, diploma, or certificate program. **If more space is needed, attach a separate page.**

| Full Name | Age | Relationship | College or University |
|-----------|-----|--------------|--------------------------------------|
| | | SELF | University of Arkansas at Pine Bluff |
| | | | |
| | | | |
| | | | |
| | | | |

C. TAX FORMS and INCOME INFORMATION:

SECTION 1: Tax returns include the 2009 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you/your parent(s) did not keep a copy of your tax return, call the IRS at 1 (800) 829-1040 and request a 2009 tax transcript.

| FOR DEPENDENT STUDENTS | FOR INDEPENDENT STUDENTS |
|--|--|
| Parent(s): (Check one box only) <input type="checkbox"/> Check and attach signed tax return. <input type="checkbox"/> Check if you will not file and are not required to file a 2009 U.S. Income Tax Return. <u>COMPLETE SECTION 2 only if you did not file a tax return.</u> Student: (Check one box only) <input type="checkbox"/> Check and attach signed tax return. <input type="checkbox"/> Check if you will not file and are not required to file a 2009 U.S. Income Tax Return. <u>COMPLETE SECTION 2 only if you did not file a tax return.</u> | Spouse (if married): (Check one box only) <input type="checkbox"/> Check and attach signed tax return. <input type="checkbox"/> Check if you will not file and are not required to file a 2009 U.S. Income Tax Return. <u>COMPLETE SECTION 2 only if you did not file a tax return.</u> Student: (Check one box only) <input type="checkbox"/> Check and attach signed tax return. <input type="checkbox"/> Check if you will not file and are not required to file a 2009 U.S. Income Tax Return. <u>COMPLETE SECTION 2 only if you did not file a tax return.</u> |

SECTION 2: List all **employers** and **any income received from those employers in 2009** for all family members who indicated in **SECTION 1** that they **did not file** and **are not required to file** a 2009 Federal income tax return. If you or others in section 1 have no income to report, enter **NONE** under Employer for each person it pertains to. Do **NOT** complete this section for anyone who filed a 2009 Federal income tax return.

| Employer (Enter name of employer(s) only as described above) | List who from Section 1 the income is for: Student, spouse, or parent. | 2009 Income Amount |
|--|--|--------------------|
| | | \$ |
| | | \$ |
| | | \$ |

D. UNTAXED INCOME RECEIVED, EXCLUSIONS and ADDITIONAL FINANCIAL INFORMATION from 2009:

Both tax filers and non-tax filers must list any untaxed income received in 2009. **Enter zeroes if no funds were received – do not leave any spaces blank.** Information requested below is taken from the FAFSA questions for students, numbers 44 and 45, and parents' questions 92 and 93.

| STUDENT/SPOUSE | CALENDAR YEAR 2009 (Enter Annual Amounts) | PARENT(S) |
|----------------|---|------------|
| \$ | Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S | \$ |
| \$ | Child support received for all children. Don't include foster care or adoption payments. | \$ |
| \$ | Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or value of basic military allowance for housing. | \$ |
| \$ | Veterans' non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | \$ |
| \$ | Any other untaxed income or benefits not reported, such as worker's compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income tax exclusions or credit for federal tax on special fuels. | \$ |
| \$ | Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. | XXXXXXXXXX |
| \$ | Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ |
| \$ | Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q). | \$ |
| \$ | Earnings from work under a cooperative education program offered by a college. | \$ |
| \$ | Child support paid because of divorce or separation or as a result of a legal requirement (do not include support for those in your (or your parents') household, as reported in question 44(or question 92 for your parents). | \$ |

E. SIGN THIS WORKSHEET:

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **WARNING:** If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature _____

Date _____

Parent Signature (Dependent Students Only) _____

Date _____