

# 2009-2010 Verification Worksheet

Student's Name

Social Security Number

Permanent Address

Street Address

City

State

Zip

Your application for financial aid was selected for review in a process called "Verification." In this process, we will be comparing information from your application with signed copies of you and your parent's 2008 Federal tax forms and other financial documents. If discrepancies exist, we may send your application back to the Federal Processor for review. In order for financial assistance to be confirmed, please provide us with the information requested below within twenty (20) days. **Failure to submit the requested information may result in a reduction or loss of aid.**

**NOTE: You are dependent and must provide parental information unless you are: married, a graduate student, a veteran, an orphan or ward of the court, born before 1/1/86, or you have children.**

## A. FAMILY INFORMATION

**Dependent Students:** List people that your parent(s) will support between July 1, 2009 and June 30, 2010. (Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payments of college costs, etc.) Include the following:

- Yourself and your parent(s) you live with (including stepparent), and
- Your parent's other children if (a) your parent(s) provide more than half of their support even if they don't live with your parents, or (b) they would be required to give parental information when applying for federal student aid in 2009-2010, and
- Other people if they now live with your parent(s), and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

**Independent Students:** List people that you (and your spouse) will support between July 1, 2009 and June 30, 2010. (Support includes money, gifts, housing, food, clothes, car, medical and dental care, payment of college costs, etc.) Include the following:

- Yourself (and your spouse, if you have one), and
- Your children, if you provide more than half of their support, and
- Other people if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

WRITE THE NAMES OF ALL HOUSEHOLD MEMBERS, including yourself. Write in the name of the college for any household member who will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Mansfield University

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## B. TAXABLE INCOME

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### STUDENT & SPOUSE INCOME (all students)

\_\_\_\_\_ I (we) did file a 2008 U.S. FEDERAL Income Tax Return **and have attached a signed copy of the return. (Federal Tax Returns must include all schedules)**

\_\_\_\_\_ I (we) will NOT and am/are not required to file a 2008 Income Tax Return. **Please list below your employer(s) and any taxable income received in 2008 and not reported on any 2008 U.S. Income Tax Return.**

### PARENT (S) INCOME (dependent students only)

\_\_\_\_\_ I (we) did file a 2008 U.S. FEDERAL Income Tax Return **and have attached a signed copy of the return. (Federal Tax Returns must include all schedules)**

\_\_\_\_\_ I (we) will NOT and am/are not required to file a 2008 Income Tax Return. **Please list below your employer(s) and any taxable income received in 2008 and not reported on any 2008 U.S. Income Tax Return.**

Sources (use W-2 or other statements)	Amount

Sources (use W-2 or other statements)	Amount

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## C. UNTAXED INCOME

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**PLEASE ANSWER EVERY QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU  
WRITE IN A ZERO (\$0)**

#### Student (and Spouse)

\$\_\_\_\_\_ Child support **received** for all children. Don't include foster care or adoption payments.

\$\_\_\_\_\_ Tax exempt interest income.

\$\_\_\_\_\_ Veterans' **noneducation** benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances.

\$\_\_\_\_\_ Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).

\$\_\_\_\_\_ Any other untaxed income or benefits, such as workers' compensation or disability.

\$\_\_\_\_\_ Cash received, or any money paid on your behalf, not reported elsewhere on this form.

\$\_\_\_\_\_ Payments to tax-deferred pension 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.

#### Parent(s)

\$\_\_\_\_\_ Child support **received** for all children. Don't include foster care or adoption payments.

\$\_\_\_\_\_ Tax exempt interest income.

\$\_\_\_\_\_ Veterans' **noneducation** benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

\$\_\_\_\_\_ Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).

\$\_\_\_\_\_ Any other untaxed income or benefits, such as workers' compensation or disability.

\$\_\_\_\_\_ Cash received, or any money paid on your behalf, not reported elsewhere on this form.

\$\_\_\_\_\_ Payments to tax-deferred pension 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.

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**D. ADDITIONAL FINANCIAL INFORMATION**

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PLEASE ANSWER EVERY QUESTION. IF THE QUESTION DOES NOT APPLY TO YOU  
WRITE IN A ZERO (\$0)

<u>Student (and Spouse)</u>	<u>Parent(s)</u>
\$ _____ Education credits (Hope and Lifetime Learning tax Credits) from IRS FORM 1040-line 50 or 1040A 31.	\$ _____ Education credits (Hope and Lifetime Learning tax Credits) from IRS FORM 1040-line 50 or 1040A 31.
\$ _____ Child support PAID because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 96 (or question 75 for your parents).	\$ _____ Child support PAID because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as reported in question 96 (or question 75 for your parents).
\$ _____ Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____ Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.
\$ _____ Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$ _____ Student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.
\$ _____ Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not report untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$ _____ Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not report untaxed combat pay reported on the W-2 (Box 12, Code Q).

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**E. FAMILY ASSET CERTIFICATION**

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	<u>Student</u>	<u>Parent(s) or Spouse</u>
1. As of today, what is the net worth of your current investments?	\$ _____	\$ _____
2. As of today, what is the net worth of your current business and/or investment farm? <i>(NOTE: do NOT include the value of a family farm that you live on and operate. Do NOT include the value of a business that you/your parents/your spouse own and control that has 100 or less full-time or full-time equivalent employees.)</i>	\$ _____	\$ _____
3. As of today, what is your total current balance of cash, savings and checking accounts?	\$ _____	\$ _____

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**F. Signatures and Certification**

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I (We) hereby affirm that all information reported on this form and any attachments hereto is true, complete, and accurate to the best of our knowledge. I (We) understand that if I (We) receive any federal student aid based on incorrect information, I (We) will have to pay it back; I (We) may also have to pay fines and fees.

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Student Signature

Date

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Parent Signature (if applicable)

Date

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**Return**

Please return completed form to:

**Mansfield University  
Financial Aid Office  
224 South Hall  
Mansfield, PA 16933  
Phone (570) 662-4129**

**Fax (570) 662-4136**

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**For Office Use Only**

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Household Size \_\_\_\_\_

# In College \_\_\_\_\_

	Student (and spouse)	Parent
Marital Status	_____	_____
IRS Income Tax Return Status	_____	_____
IRS Income Tax Return Type	_____	_____
Adjusted Gross Income	_____	_____
Total Income Tax Paid	_____	_____
Exemptions	_____	_____
Total Income Student/Father	_____	_____
Total Income Spouse/Mother	_____	_____
Total Worksheet A	_____	_____
Total Worksheet B		
W-2s, housing subsidence	_____+	_____+
Pensions (excluding rollovers)	_____+	_____+
Other untaxed income	_____ =	_____ =
	Total _____	Total _____
Total Worksheet C	_____	_____
Current Investment Net Worth	_____	_____
Current Business/Farm Net Worth	_____	_____
Total Current Balance of Cash	_____	_____

**Current EFC** \_\_\_\_\_**Corrected EFC** \_\_\_\_\_**Reject(s)** \_\_\_\_\_**Resolved Reject(s)** \_\_\_\_\_**C Flag(s)** \_\_\_\_\_**Resolved C Flag(s)** \_\_\_\_\_**T2 entered on FASI** \_\_\_\_\_**Staff Initials and Date** \_\_\_\_\_