

2016–2017 Verification Worksheet • Dependent Student (V1)

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. **You and a parent whose information was reported on the FAFSA must complete and sign this worksheet**, attach any required documents, and submit the form with any other required documents to the financial aid office. Please note that we may ask for additional documentation if we have reason to believe that the information provided is inaccurate. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Dependent Student Information

HU Student ID# _____

Print Student Last Name	Print Student First Name	Print Student M.I.
Student Email Address	Student Primary Phone Number	Student Date of Birth

B. Dependent Student’s Family Information

List below the people in your parent(s) household. Include: (1) Yourself and your parent(s) (including a stepparent) even if you don’t live with your parent(s). (2) Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with your parent(s). (3) Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student’s name and HU Student ID# at the top.*

FULL NAME	AGE	RELATIONSHIP	COLLEGE	ENROLLED AT LEAST ½ TIME
		<i>Self</i>		

C. Dependent Student’s Income Information to Be Verified

STUDENT SECTION (Check ONE box only)	PARENT SECTION (Check ONE box only)
<input type="checkbox"/> I have use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into FAFSA.	<input type="checkbox"/> I have use the IRS Data Retrieval Tool to retrieve and transfer 2015 2015 IRS income tax information into FAFSA.
<input type="checkbox"/> I am unable to or will not use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into FAFSA. Please attach your 2015 IRS Tax Return Transcripts.	<input type="checkbox"/> I am unable to or will not use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information into FAFSA. Please attach your 2015 IRS Tax Return Transcripts.
<input type="checkbox"/> I am not required to file and I will not file IRS Federal Income taxes for 2015. Please attach verification of 2015 Income Form for Student Nontax filers.	<input type="checkbox"/> I am not required to file and I will not file IRS Federal Income taxes for 2015. Please attach verification of 2015 Income Form for Parent Nontax filers.

D. Child Support Paid

Complete this section if one of the student’s parents PAID child support in 2015.

NAME OF PERSON WHO PAID CHILD SUPPORT	NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID	NAME AND AGE OF CHILD FOR WHOM SUPPORT WAS PAID	AMOUNT OF CHILD SUPPORT PAID

E. Receipt of SNAP Benefits - Check this box if one of the persons listed in Section B of this document received SNAP (food stamps) in 2015.

F. Certifications and Signatures

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student’s Signature (Required)	Date
Parent’s Signature (Required)	Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.