



# Pacific Lutheran University

## 2017-2018 Verification Worksheet - Independent V1

*Your FAFSA has been selected by the Federal Student Aid processor for a review process called verification. Financial Aid program regulations (34 CFR, Part 668) require schools to check the accuracy of information provided on a selected 2017-18 FAFSA and send to the Federal Student Aid processor any necessary corrections identified in the verification process. **Your current aid offer is not final and all need-based Student Aid cannot be disbursed until verification has been completed.***

Student's Name: \_\_\_\_\_ PLU ID #: \_\_\_\_\_

Student's email Address: \_\_\_\_\_ Student phone #: \_\_\_\_\_

### 1. FAMILY/HOUSEHOLD & COLLEGE INFORMATION

Yourself (Include your spouse if living together, regardless of marital status)

Your children, if you will provide more than half of their support from July 1, 2017 through June 30, 2018, even if they do not live with you.

Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2017 through June 30, 2018.

Write the name of the colleges where family members will attend at least half-time between July 1, 2017 and June 30, 2018. **Do NOT** report college if student is enrolled in Running Start (or any program where student attends college prior to graduating from high school).

Name	Age	Relationship	College
<i>Lute Spouse (example)</i>	23	<i>spouse</i>	<i>Lute University</i>
		Self	Pacific Lutheran University

If you need more space, attach a separate page.

### 2. CHILD SUPPORT PAID

In 2015, did you or your spouse **PAY** child support? Yes      No  
 If Yes, please complete the following:

1. The amount of child support paid for all children, Jan. 1, 2015 through Dec. 31, 2015: \$ \_\_\_\_\_

2. The name of the person to whom the child support was paid: \_\_\_\_\_

3. Child support was paid for:

_____	&	_____	&	_____
Name		Age		Name

If you or your spouse (if you have one) were required to file a 2015 U.S. tax return, this information must be provided to the PLU Financial Aid Office through the Federal IRS Data Retrieval process at [www.fafsa.gov](http://www.fafsa.gov) or on a Tax Return Transcript from the IRS website at <http://www.irs.gov/Individuals/Order-a-Transcript>. The IRS cannot produce a 2015 Tax Return Transcript if the tax filer: **1.** Filed Form 4868 for an extension, **2.** Filed or will file an Amended 2015 Tax Return, **3.** Was a victim of identify theft, or **4.** Filed "Married, filing separately" or "Head of household"

If the IRS cannot provide a Tax Return Transcript because of one of these conditions apply, please contact the PLU Financial Aid Office for assistance.

### 3. STUDENT'S (& SPOUSE, IF APPLICABLE) TAX & INCOME INFORMATION (check only one box below)

A.) I have provided my 2015 U.S. Federal tax return information (1040, 1040A, 1040EZ) using the IRS Data Retrieval Tool via the on-line FAFSA application **NOTE:** This is an option only if your IRS data was successfully transferred to your FAFSA prior to the DRT shutdown (around March 1, 2017) or,

B.) I have attached a copy of my 2015 U.S. Federal **Tax Return Transcript** downloaded from the IRS, (Note: Account Transcripts are not acceptable. If the IRS **cannot** provide your Tax Return Transcript, send us that notice with a photocopy of your **signed**, original return) or,

C.) I did not file, and am not required to file. If you worked but did not file, please list below your employer(s) and any earned income in 2015. **If you did not work, enter \$0 for amount earned and "none"**

Employer(s) This section must be completed if you checked box C. above	2015 Amount Earned	W-2 Attached?	
	\$	Yes	No, explain below
	\$	Yes	No, explain below
	\$	Yes	No, explain below

Attach a W-2 for each employer checked "Yes" above. Please provide an explanation below if W-2 was not issued.

### 4. FOOD STAMPS

In 2014 or 2015, did anyone in your household receive Food Stamps? Yes No

If **YES**, please provide a copy of your food stamp card or a statement from the Dept. of Social and Health Services from 2014 or 2015 that shows receipt of food stamps.

### 5. SIGN THIS WORKSHEET

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Student \_\_\_\_\_ Date \_\_\_\_\_

Spouse \_\_\_\_\_ Date \_\_\_\_\_

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