



**Office of Student Financial Aid and Student Employment
2008-2009 Dependent Verification Worksheet**

Student's Name: _____

Student ID: _____

SSN: _____

Your financial aid application was selected for review in a process called "Verification." The U.S. Department of Education requires that colleges check the accuracy of the information that you provided on the 2008-2009 Free Application for Federal Student Aid (FAFSA), FAFSA on the Web (FOTW), or Renewal Application. We will be comparing information from your application with signed copies of you and your parent(s) 2007 Federal tax forms. **Please complete this form, attach the appropriate documentation, and return it to the Office of Student Financial Aid as soon as possible.**

- **Please do not leave any questions blank or this form will be returned and aid will be delayed.**

SECTION A: HOUSEHOLD INFORMATION

List the people in your parents' household, please include:

- Yourself (**even if you don't live with your parents**) and your parent(s) (including stepparent).
- Your parents' other children, **if** (a) your parents provide more than half of their support from July 1, 2008 through June 30, 2009, or (b) the children would be required to provide parental information when applying for Federal Student Aid.
- Also write in the name of the college for any household member, who will be attending college at least half time between July 1, 2008 and June 30, 2009. Per Federal Regulations, we are not able to include your parent in the number in college.

DO NOT INCLUDE Legal Guardians or other relatives as your parents. Please contact our office if you fit this criterion.

Name of family member	Age	Relationship	College or University
Your name:		Self	The University of Akron

SECTION B: PARENTS' 2007 TAX INFORMATION

Name:	SSN#	Birthdate	Wages earned in 2007
Father/Stepfather:			\$
Mother/Stepmother:			\$

Don't forget to sign your tax forms!

- Check and attach **SIGNED** 2007 Federal tax return(s). (State and local tax returns or W2's are **not** acceptable)
 If your parent(s) did not keep a copy, one can be requested from the tax preparer. A tax transcript is also acceptable from the Internal Revenue Service. They can be reached at (800) 829-0922 or at www.irs.ustreas.gov.
- Acceptable Federal Tax Returns: 1040EZ, 1040A, 1040, or Form 1722 (transcript) from the IRS.
 - If an amended tax return was filed, you must submit copies of both the amended tax return AND the original.
 - **If your parents filed a joint return, and marked Divorced/Separated on the FAFSA, you must provide parent's W2's to separate income. If they marked married on FAFSA and are now separated, proof of separation must be attached.**
- Check here if your parent(s) will **not** file and are not required to file a 2007 Federal Income Tax Return according to IRS guidelines.

SECTION C: STUDENT'S 2007 TAX INFORMATION

	Employer	Wages earned in 2007
Student:		\$ _____

Don't forget to sign your tax forms!

- Check and attach **SIGNED** 2007 Federal tax return (1040). (State and local tax forms or W2's are **not** acceptable)
 If you do not have a copy, you can request one from the tax preparer. A tax transcript is also acceptable from the Internal Revenue Service. They can be reached at (800) 829-0922 or at www.irs.ustreas.gov.
- Acceptable Federal Tax Returns: 1040EZ, 1040A, 1040, or Form 1722 (transcript) from the IRS.
 - If an amended tax return was filed, you must submit copies of both the amended tax return AND the original
- Check here if you will **not** file and are not required to file a 2007 Federal Income Tax Return according to IRS guidelines.

SECTION D: PARENTS' & STUDENT'S 2007 UNTAXED INCOME

<u>Sources of UNTAXED income</u>	<u>PARENT (S)</u>			<u>STUDENT</u>		
	<u>Yes</u>	<u>No</u>	<u>Amount</u>	<u>Yes</u>	<u>No</u>	<u>Amount</u>
• Social Security or SSI benefits *If yes, you must attach Form 1099 or a printout from the Social Security Administration (SSA) listing the TOTAL amount of benefits received for ALL of 2007 by all family members. You may contact the SSA at (800) 772-1213, or online at www.ssa.gov for documentation. If you answered yes to this question, do not submit this form without a 1099.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
• Welfare cash assistance in 2007 (yearly amount) *Do not list food stamps	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	* * * *		
• Child support received in 2007 (yearly amount) *List the total amount received for the year for all children.	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	* * * *		
• Payments to a tax-deferred pension plan (Such as a 401k or 403b) in 2007	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
• Any other untaxed income in 2007 *Please specify source: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
• Cash support from relative or friend	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

SECTION E: FEDERAL BENEFITS

Please check all federal benefits received by all household members in 2007

- Food Stamps TANF WIC HUD / Section 8 AMHA HEAP Ohio Works First

SECTION F: INCOME EXCLUSIONS

	<u>Yes</u>	<u>No</u>	<u>Amount</u>	<u>Yes</u>	<u>No</u>	<u>Amount</u>
• Did your parent PAY child support in 2007? (Total) Names: _____ Ages: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	* * * *		
• Did you receive taxable earnings from need-based employment, such as Federal Work Study/ assistantships?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
• Did you receive benefits reported in your AGI, such as AmeriCorps?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

SECTION G: Statement of Certification: I certify that the information given on this form is true and complete.
 WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, and/or sentenced to jail.

Student Signature _____

Date _____

Parent Signature _____

Date _____

PLEASE RETURN TO: The University of Akron, Office of Student Financial Aid, Akron, OH 44325-6211