

2016-2017 DEPENDENT VERIFICATION WORKSHEET

Please Complete In Ink.

Your application has been selected for review in a process called "VERIFICATION." The law says that before awarding you Federal Student Aid, we may ask you and your parents to confirm the information you reported on your FAFSA. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents and submit them to the financial aid office.

SECTION A: Student Information

Last Name	First Name	Middle Initial	PID
Address (include apt. no.)		Date of Birth	
City	State	Zip Code	Phone Number (include area code)

SECTION B: Family Information

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

- ◆ Yourself, and your parent(s) (including adoptive and step parents) even if you do not live with your parent(s).
- ◆ Your parent(s)'s other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017.
- ◆ Include 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 who will be attending college at least half-time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program.

First Name	Last Name	Age	Relationship to you (self, parent, brother, sister, etc)	If this person will attend college half-time or more in 2016-2017, print the name of the college.	Will be Enrolled at least 6 credit hours? Yes or No
			Self	Colorado State University-Pueblo	

(If there are more than seven people in your household, please attach a separate piece of paper with the above information for each additional person.)

SECTION C: Child Support Paid Information

Did either of your parents (who were reported on the FAFSA) PAY child support in 2015?

___ No – GO TO SECTION D

___ Yes – Complete the table below. (**DO NOT INCLUDE CHILD SUPPORT RECEIVED!!**)

Name of the Person Who Paid Child Support	Name of the Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in Calendar Yr 2015
			\$
			\$

If you answered YES:

Please provide documentation showing proof of the amount paid for each child.

Last Name: _____ First name: _____ PID: _____

SECTION D: Student's tax forms and Income Information

Are you required to file a 2015 Federal Income Tax Return? (Check only one)

☐ Yes – You must provide a copy of the Tax Return Transcript for 2015 unless you successfully used the IRS Retrieval tool on your FAFSA application.

☐ No – By checking this box, you are indicating you will not file and are not required to file a 2015 tax return.

(Go to Section F)

SECTION E: Parent's tax forms and Income Information

Are your parent(s) required to file a 2015 Federal income Tax Return? (Check only one)

☐ Yes – You must provide a copy of the IRS 2015 Federal Tax Return Transcript from the IRS unless you successfully used the IRS Retrieval tool on your FAFSA application.

☐ No – By checking this box, you are indicating you will not file and are not required to file a 2015 tax return.

(Go to SECTION F)

NOTE: We do not accept 1040 forms per federal regulations. The Federal Tax Return Transcript MUST come directly from the IRS.

SECTION F: Complete this section ONLY if you or your parent(s) DID NOT file a Federal Tax Return **Please submit all W-2's for 2015 for student and parent(s).**

Name of Student	Source of Income (Report income from working not shown on W-2's) (Do not include Child Support Received)	Amount Earned in 2015
		\$
		\$
		\$
		\$
		\$
Name of Parent(s)	Source of Income (Report income from working not shown on W-2's) (Do not include Child Support Received)	Amount Earned in 2015
		\$
		\$
		\$

SECTION G: FOOD STAMP BENEFITS

Complete this section if your parent(s) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly called Food Stamps) any time during the 2015 calendar year. (Check one)

☐ Yes, my parent(s) received SNAP benefits during the 2015 calendar year.

If yes, please provide a printout from the State proving you received these benefits.

☐ No, my parent(s) did NOT receive SNAP benefits during the 2015 calendar year.

SECTION H: Certification and Signatures

The student and one parent must sign below certifying the accuracy of the information provided on this form.

By signing this worksheet, I/we certify that all the information reported on this form is complete and correct. My/our signature(s) below authorize any needed corrections to the information reported on the Free Application for Federal Student Aid (FAFSA) as a result of the verification process. The student and one parent MUST sign this form.

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

Student's Signature	Date	Parent's Signature	Date
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PLEASE RETURN ALL FORMS AND DOCUMENTATION TO: (Mail or Fax)

Colorado State University-Pueblo

Financial Aid Office

2200 Bonforte Blvd

Pueblo, CO 81001

Phone: (719) 549-2753

Fax: (719) 549-2088

Email Documents (PDF only): financialaid@csupueblo.edu

Revised 01/12/2016