

2016-2017 INDEPENDENT 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 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: Fam	nily Information			

List the people in your household, include:

- Yourself, and your spouse if you have one
- Your children, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, even if they do not live with you
- Include all other people <u>ONLY</u> if they now live with you, and you provide more than half of their support <u>AND</u> will continue to provide more than half of their support from July 1, 2016 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 you and/or your spouse **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 the Calendar Year 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 (all applicants)

Are you or will you be required to file a 2015 Federal Tax Return?

Yes – You must provide a copy of the 2015 Federal Tax Return Transcript unless you have successfully used the IRS retrieval tool when you applied with the FAFSA application.

No – By checking this box, you are indicating you and/or your spouse will not file and are not required to file a 2015 tax return. (Go to SECTION E)

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

SECTION E: Complete this section ONLY if you did not file a Federal Tax Return You must include all W-2 Forms for 2015.

Source of Income (Report income from Working not shown on W-2's) (Do not include Child Support Received)	Amount Earned in 2015
	\$
	\$
	\$
TOTAL Income earned for 2015 Calendar Year	\$

SECTION F: FOOD STAMP BENEFITS-CALENDAR YEAR 2015?

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

____Yes, I did receive SNAP benefits during the 2015 calendar year.

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

_____No, I did <u>NOT</u> receive SNAP benefits during the 2015 calendar year.

SECTION G: Certification and Signatures

The student 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

Spouse's Signature

Date

PLEASE RETURN ALL FORMS AND DOCUMENTATION TO:

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

Identity and Statement of Educational Purpose

The student must appear in person at Colorado State University-Pueblo to verify his or her identity by presenting valid government-issued photo identification (ID), such as but not limited to, a driver's license, other state-issued ID, or passport. Colorado State University-Pueblo will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at Colorado State University-Pueblo authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following:

		am the individual signing this		
(Print Student's N Statement of Educational Purpo	ose and that the federal student financia	al assistance I may receive will only be used for Jniversity-Pueblo for the 2016-2017 academic year.		
Student's Signature	PID	Date Signed		
Signature of CSUP staff member	er Date Collected			
following: A copy of a valid gover	rnment-issued photo identification (dri statement of educational purpose signed	aired to provide Colorado State University-Pueblo with the ver's license, other state-issued ID, or passport); and ed by the applicant. Copies, emails and/or fax (facsimile)		
State of				
City/County of				
On,befo	re me,	, personally appeared,		
(Date) (Printed name of signer)	(Notary's name) , and provided to	o me on the basis of satisfactory evidence of		
(Type of gover	to be the abov nment-issued photo ID)	e-named person who signed the		
foregoing instrument. WITNESS my hand and officia (seal)	l seal	(Notary Signature)		
My commission expires on				
THIS FORM CANNOT BI Colorado State University-Pueblo Financial Aid Office 2200 Bonforte Blvd Pueblo, CO 81005 Phone: (719)549-2753	E FAXED OR EMAILED. Federa	Regulations require the original document.		