

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: Family 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 **ONLY** 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, 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 a printout from the Attorney's Generals office showing proof of the amount paid for each child.

Last Name: _____ First name: _____ PID: _____
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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)

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

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 NOT 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

2016-2017 UNTAXED INCOME AND BENEFITS

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: Untaxed Income and Benefits

Student Information	Item	Parents Information (if applicable)
\$	Child Support RECEIVED for any of your children. Don't include foster care or adoption payments.	\$
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to amounts reported on the w-2 forms in Boxes 12a through 12d, codes, D,E,F,G,H, and S. <i>Note: Please include all w-2's if you entered a dollar amount here.</i>	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (Including cash payments and cash value of benefits). (Do not include the value of on-base military housing or basic military allowance for housing.)	\$
\$	Veterans noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported such as workers' compensation, disability, etc (Don't include untaxed social security or SSI payments) Include untaxed portion of health savings accounts from IRS 1040, line 25.	\$
\$	Money received or paid on your behalf (Example: Bills) not reported elsewhere on this form.	XXXXXXXXXXXXXXXXXXXXXXX

Certification and Signatures

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

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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	Parents Signature (if Dependent)	Date
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PLEASE RETURN ALL FORMS AND DOCUMENTATION TO:

Colorado State University-Pueblo	Phone: (719) 549-2753
Financial Aid Office	Fax: (405) 549-2088
2200 Bonforte Blvd	Email Documents (PDF only): financialaid@csupueblo.edu
Pueblo, CO 81001	Revised 01/12/16