

## 2017-2018

## DEPENDENT VERIFICATION WORKSHEET

Your 2017-2018 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 and at least one parent must complete and sign this worksheet, attach any required documents and submit the form and other required documents to the financial aid office. If you have questions about verification, contact your financial aid office as soon as possible so that your financial aid will not be delayed.

| Please Complete In Blue/Black Ink | Only.      |                              |               |
|-----------------------------------|------------|------------------------------|---------------|
| SECTION A: Student Inform         | mation_    |                              |               |
| Last Name                         | First Name | Middle Initial PII           | )             |
| Address (include apt. no.)        |            | Date of Birth                |               |
| City                              | State Z    | p Code Phone Number (include | le area code) |

## **SECTION B:** Family Information

List the people in <u>parent(s)</u> 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, 2017, through June 30, 2018.
- ♦ 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, 2018.
- ♦ Include the name of the college for any household member who will be attending college at least half-time between July 1, 2017 and June 30, 2018, and will be enrolled in a degree, diploma, or certificate program. Do not include your parent(s).

| First | Full Name<br>Last | Age | Relationship to you<br>(self, parent, brother,<br>sister, etc) | If this person will attend college half-time or more in 2017-2018, print the name of the college. | Will be Enrolled at<br>least 6 credit hours?<br>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.

| Last Name:   | First name:   | PID:   |   |
|--|---|--|---|
| SECTION C: Student's Tax Form  | ns and Income Informat  | ion  | DV5   |
| Are you required to file a 2015 IRS Fede   |   |  |   |
| ☐ <b>Yes</b> . You must provide a copy of Data Retrieval Tool on your FAFS       |   |  | ess you successfully used the IRS   |
| Instructions to obtain a 2015 IRS Tax  | Return Transcript, if needed:                                       |  |   |
| Transcript ONLINE" or "Get Transcript."  • <u>Telephone Request</u> - 1-800-908- | anscript by MAIL." Make sure to                                     | request the "ÎRS Tax Return Transo                             | script of Your Tax Records." Click "Get cript" and NOT the "IRS Tax Account script MUST come directly from the IRS.     |
|  | e indicating you will not file a                                    | nd are not required to file a 2015                             | S IRS Federal Tax Return. Go to   |
| <b>SECTION D: Student Verification</b>   |   |  |   |
| instructions and certifications below apply                                      | to the student only who did no                                      | t file an IRS 2015 Federal Tax R                               | Return.   |
| Check the box that applies:  |   |  |   |
| ☐ The student was not employed and   | had no income earned from v   | vork in 2015 (No IRS W-2's).                                   |   |
| and whether an IRS W-2 form is p   | rovided. List every employer e<br>15. Also, you <u>MUST</u> provide | even if the employer did not issu documentation from the IRS t | earned from each employer in 2015, he an IRS W-2 form. Please submit that indicates a 2015 IRS Income ted in Section C. |
| Employer   | Name  | 2015 Amount Earned   | IRS W-2 issued?<br>(attach W-2 forms)   |
| Suzy's Auto Body Shop (example)  |   | \$ 2,000   | Yes   |
|  |   | \$<br>\$   |   |
|  |   | \$   |   |
|  |   | \$   |   |
|  |   | \$   |   |
| If more space is needed, provide a separ   |   | · · · · · · · · · · · · · · · · · · ·                          | above information requested.  |
| <b>SECTION E:</b> Parent's Tax Forms   | s and income imormati   | <u>011</u>   |   |
| Are your parent(s) required to file a 2015                                       | 5 IRS Federal Income Tax R  | eturn? (Check only one)  |   |
| ☐ <b>Yes</b> . You must provide a copy of Data Retrieval Tool on your FAFS       |   |  | ess you successfully used the IRS   |
| Instructions to obtain a 2015 IRS Tax  | Return Transcript, if needed:                                       |  |   |
| Transcript ONLINE" or "Get Transcript."  • <u>Telephone Request</u> - 1-800-908- | anscript by MAIL." Make sure to                                     | request the "ÎRS Tax Return Transo                             | script of Your Tax Records." Click "Get cript" and NOT the "IRS Tax Account script MUST come directly from the IRS.     |
|  | e indicating you will not file an                                   | nd are not required to file a 2015                             | IRS Federal Tax Return. Go to   |

| Last Name:   | First name:   |  | PID:   |  |
|--|---|--|--|--|
|  |   |  |  | DV5  |
| SECTION F: Parent(s) Verifications and certifications below  |   |  |  |  |
| Check the box that applies:  |   |  |  |  |
| ☐ Neither parent was employe   | ed nor had income earned f  | rom work in 2015. (N   | o IRS W-2's)                                   |  |
| form. Please submit ALL c<br>2015 IRS Income Tax Retu  | ther an IRS W-2 form is proposed of IRS W-2's for 20 urn was not filed with the | ovided. List every emples. Also, you MUST e IRS. This can be ob                | ployer even if the empl<br>provide documentati | amount earned from each<br>loyer did not issue an IRS W-2<br>ion from the IRS that indicates<br>instructions noted in Section E. |
| Parent 1 Income Earned: Pa   |   |  |  |  |
| Emp  | oloyer Name   | 20   | 15 Amount Earned                               | IRS W-2 issued?<br>(attach W-2 forms)  |
| Suzy's Auto Body Shop (exam  | nple)   | \$   | 2,000  | Yes  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
| If more space is needed, provide of Parent 2 Income Earned: Parent 2 Income Earned:                                |   |  | mber at the top with a                         | bove information requested.  |
|  | oloyer Name   |  | 15 Amount Earned                               | IRS W-2 issued?  |
|  |   |  |  | (attach W-2 forms)   |
| Suzy's Auto Body Shop (exam  | nple)   | \$   | 2,000  | Yes  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
|  |   | \$   |  |  |
| If more space is needed, provide   | a separate page with stude  | ent's name and PID nu  | mber at the top with a                         | bove information requested.  |
| <b>SECTION G:</b> Certification a  | _   |  |  |  |
| The student and one parent must sign   | below certifying the accur  | racy of the informatio   | n provided on this form                        | n.   |
| By signing this worksheet, I/we certiauthorize any needed corrections to the verification process. The student and | he information reported on  | the Free Application   |  |  |
| Warning: if you purposely give fal   | se or misleading informa  | tion on this workshe   | et, you may be fined,                          | be sentenced to jail, or both.   |
|  |   |  |  |  |
| Student's Signature  | Date  | Parent's Si  | ignature                                       | Date   |
| PLEASE RETURN ALL FORMS  | AND DOCUMENTATIO  | N BY MAIL, EMAII   | L OR FAX TO:                                   |  |
| Colorado State University-Pueblo<br>Financial Aid Office<br>2200 Bonforte Blvd<br>Pueblo, CO 81001                 | Fax: (?<br>Email Do   | 719) 549-2753<br>719) 549-2088<br>ocuments (PDF only)<br>ification@csupueblo.c |  | WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.                     |

| Lost Nomes   | Einst namai  | PID:  |                          |
|--|--|---|--------------------------|
| Last Name.   | First name:  | FID   | DV5                      |
|  | 2017-201   | 18  |                          |
| IDENTITY AND ST  | ATEMENT OF EDUCATION<br>HIGH SCHOOL CO   | IAL PURPOSE AND VERIFIC<br>IMPLETION  | CATION OF                |
| government-issued photo identificatio<br>University-Pueblo will maintain a cop | n (ID), such as, but not limited to, a dr  | erify his or her identity by presenting univer's license, other state-issued ID, or otated with the date it was received and review the student's ID. | passport. Colorado State |
|  |  | Colorado State University-Pueblo verifother State-authorized examination, second  |                          |
| In addition, the student must sign, in t                                       | he presence of the institutional official  | , the following:  |                          |
| I certify that I   | am th  | e individual signing this   |                          |
| Statement of Educational Purpose and   | that the federal student financial assistance State University-Pueblo for the 20 PID | tance I may receive will only be used for   | or educational purposes  |
|  |  |   |                          |
| Signature of CSUP staff member   | Date Collected   |   |                          |
| A copy of a valid government   | t-issued photo identification (driver's a<br>nent of educational purpose signed by   | to provide Colorado State University-Pa<br>license, other state-issued ID, or passpo<br>the applicant. <b>Copies, emails and/or fa</b>                | ort); and                |
| State of   |  |   |                          |
| City/County of   |  |   |                          |
| On,before me,  | (Notary's name)  | , personally appeared   |                          |
| (Printed name of signer)   | , and provided to me o   | n the basis of satisfactory evidence of   |                          |
| -  |  |   |                          |
| identification(Type of government-iss  | to be the above-nam  | ed person who signed the  |                          |

THIS FORM CANNOT BE FAXED OR EMAILED. Federal Regulations require the original document be mailed to:

Colorado State University-Pueblo Financial Aid Office 2200 Bonforte Blvd Pueblo, CO 81005 Phone: (719)549-2753

WITNESS my hand and official seal

My commission expires on \_\_\_\_\_

foregoing instrument.

(seal)

Revised: 2/28/2017

(Notary Signature)