



2019-2020 Verification Worksheet

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Your FAFSA application was selected by the US Department of Education for review in a process called "verification". The Office of Financial Aid must verify your FAFSA data with the information you provide on this worksheet and other financial documents. If there are differences between your application information and the documents you submit, your application may need to be corrected. The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan until all verification requirements have been met and the necessary corrections have been made.

VERIFICATION STEPS

1. Complete the IRS Data Retrieval through FAFSA on the Web. For more information, visit our HIU website at www.hiu.edu/uploads/documents/IRSDataRetrievalInstruction.pdf.
2. If you cannot complete step one (above), you may order a TAX RETURN TRANSCRIPT from the IRS online at www.irs.gov, or by phone at 1-800-908-9946. Obtain a 2017 Federal IRS Tax Return Transcript and W-2 forms for, yourself, your spouse (if married), your parent, step parent (if you are a dependent student).
3. Complete this worksheet and sign. One parent must sign also if dependent student.

STUDENT AND FAMILY INFORMATION

Last Name	First Name	M.I.	Social Security Number
Address			Date of Birth
City	State	ZIP	Phone Number

INDEPENDENT STUDENT: List the people that you (*and your spouse*) will support between July 1, 2019 and June 30, 2020. Include yourself, your spouse, and your dependent children. Include other people only if they now live with you and you provide more than half their support and will continue to provide more than half their support from July 1, 2019 – June 30, 2020.

DEPENDENT STUDENT: List all the people in your household between July 1, 2019 and June 30, 2020. Include yourself, your parents, and your parents' other children if your parents provide more than half their support. Include other people only if they now live with you, receive, and will continue to receive, more than half their support from them between July 1, 2019 and June 30, 2020.

Write the names of all family members including yourself. Also write the name of the college for any family member who will be attending college at least half-time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree or certificate program. Do not list the college if it is your parent or step parent. If you need more space, attach a separate page.

NAME	AGE	RELATIONSHIP	COLLEGE	ENROLLED AT LEAST HALF TIME
		Self	HIU	<input type="checkbox"/> Yes or <input type="checkbox"/> No

STUDENT INCOME AND BENEFITS

Check the appropriate boxes below and provide the required information and documents:

- I used the IRS Data Retrieval Tool (*after my 2017 taxes were completed and processed by the IRS*) to transfer my 2017 income information to the FAFSA.

- I did not (or could not) transfer my 2017 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my 2017 IRS Tax Return Transcript(s). (Only use if the IRS Data Retrieval failed to load completed and processed taxes).
- I was not required to file a 2017 Federal Income Tax Return. (Attach your W-2 Forms from all sources of earned income.) Please list sources and amounts of any earned income received in 2017 for which there is not W-2 (Enter "No Job" under "Employer Name" if you did not work). If you need additional space, attach a separate page.

EMPLOYER NAME	2016 AMOUNT EARNED

In 2017 I received food stamps (SNAP) benefits in the amount of \$ _____ (Attach documentation from agency)
Total for the year

In 2017 I paid child support in the amount of \$ _____ to _____ for _____, _____
Total for the year (name of recipient) Name of each child Age of each child

In 2017 I received housing, food, or other living allowances for military, clergy, and others (do not include value of on-base military housing or the value of a basic military allowance for housing) in the amount of \$ _____.

In 2017 I received Veterans Non-Educational Benefits in the amount of \$ _____.

In 2017 I received other non-taxed income in the amount of \$ _____. (Additional paperwork may be required)

In 2017 I received money or money was paid on my behalf in the amount of \$ _____.

PARENT'S INCOME & BENEFITS (FOR DEPENDENT STUDENTS)

Check the appropriate boxes below and provide the required information and documents:

- I used the IRS Data Retrieval Tool (after my 2017 taxes were completed and processed by the IRS) to transfer my 2016 income information to the FAFSA.
- I did not (or could not) transfer my 2017 income information to the FAFSA using the IRS Data Retrieval Tool. I have attached a copy of my 2017 IRS Tax Return Transcript(s). (Only use if the IRS Data Retrieval failed to load completed and processed taxes).
- I was not required to file a 2017 Federal Income Tax Return. (Attach your W-2 Forms from all sources of earned income.) Please list sources and amounts of any earned income received in 2017 for which there is not W-2 (Enter "No Job" under "Employer Name" if you did not work). If you need additional space, attach a separate page.

EMPLOYER NAME	2017 AMOUNT EARNED

In 2017 I received food stamps (SNAP) benefits in the amount of \$ _____ (Attach documentation from agency)
Total for the year

In 2017 I paid child support in the amount of \$ _____ to _____ for _____, _____
Total for the year (Name of recipient) Name of each child Age of each child

In 2017 I received housing, food, or other living allowances for military, clergy, and others (do not include value of on-base military housing or the value of a basic military allowance for housing) in the amount of \$ _____.

In 2017 I received Veterans Non-Educational Benefits in the amount of \$ _____.

In 2017 I received other non-taxed income in the amount of \$ _____. (Additional paperwork may be required)

In 2017 I received money or money was paid on my behalf in the amount of \$ _____.

CERTIFICATION

I certify that all information provided is complete and correct.

 Student Signature

 Date

 Parent Signature (for dependent student)

 Date