

INDEPENDENT STUDENT VERIFICATION



Academic Year 2009–2010

DIRECTIONS

PLEASE read carefully and complete the entire form or it will be returned. Your application was selected for review in a process called “verification.” You will lose your financial aid unless you complete and submit this form, with all requested documentation attached, by your last date of eligible enrollment, or the date listed below that corresponds with your last term of enrollment, whichever is first:

- **Fall term 2009: December 4, 2009**
- **Spring term 2010: April 23, 2010**
- **May/summer 2010: July 16, 2010**

In this verification process we compare the information you provided on this form and your 2008 tax returns to the information provided on your *Free Application for Federal Student Aid* (FAFSA). If the information from your application and your financial documents differs, your application data will be corrected. Your financial aid award amounts will reflect those changes. **Make sure you write your (the student’s) name and Social Security number on all tax documents submitted.**

Return this form

By mail to:
 One Stop Student Services
 University of Minnesota, Twin Cities
 200 Fraser Hall, 106 Pleasant St. SE
 Minneapolis, MN 55455-0422

On campus at:
 200 Fraser Hall, East Bank
 130 West Bank Skyway, West Bank
 130 Coffey Hall, St. Paul

Questions?
 Phone: 612-624-1111
 TTY (hearing impaired): 612-626-0701
 E-mail: helpingu@umn.edu

To complete online, open in Adobe Reader (free at Adobe.com), not a Web browser, to protect your private information. Place the cursor in a field and type. Print each page when completed. Add the required signature(s) in blue or black ink.

STEP 1. Student information

Student name (Last, first, MI)	Birthdate	Social Security number	University ID
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STEP 2. U.S. or foreign income

STUDENT SECTION

As a student, have you filed or are you planning to file a 2008 federal or foreign income tax return? Yes No

If you answered:

- YES, you are required to return this completed, signed form, along with a **signed copy** of your 2008 tax return and all W-2 earnings statements.
- NO, but you worked in 2008, complete the table below. Return this completed, signed form, with copies of all your W-2 earnings statements attached.

Name of employer or source of income	2008 student income amount
	\$
	\$
	\$

If you are married, go to the spouse section below. If not married, please go to STEP 3, page 2.

SPOUSE SECTION

As a spouse, have you filed or are you planning to file a 2008 federal or foreign income tax return? Yes No

If you answered:

- YES, you are required to return this completed, signed form, along with a **signed copy** of your 2008 tax return and all W-2 earnings statements.
- NO, but you worked in 2008, complete the table below. Return this completed, signed form, with copies of all your W-2 earnings statements attached.

Name of employer or source of income	2008 spousal income amount
	\$
	\$
	\$

Please go to STEP 3, page 2.



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To request copies of this form in an alternative format, please call the Disabilities Services liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator.

STEP 3. 2008 annual untaxed income for tax and non-tax filers

If you answer "yes" to any of the questions below, write the total dollar amount for the year (not month) in the right-hand column(s) of any untaxed income you or your spouse received during 2008. (Multiply a monthly amount by 12 for the annual total.)	Student's 2008 untaxed income	Spouse's 2008 untaxed income	
Did you or your spouse receive 2008 child support payments? Do not include foster care or adoption payments.	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	\$
Did you or your spouse receive in 2008 housing, food, or other living allowances for students, members of the military, clergy, and others (including cash payments and cash value of benefits).	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	\$
Did you or your spouse receive in 2008 Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-study Allowances?	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	\$
Did you or your spouse receive in 2008 other untaxed income not reported, such as workers' compensation, disability, etc? <u>Don't include</u> student aid, earned income credit, child care tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, Combat pay (if you are not a tax filer), benefits from flexible spending arrangements (e.g. Cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	\$
In 2008 did you or your spouse receive cash or money paid on your behalf (e.g. bills), not reported elsewhere on this form? Name the source:	<input type="checkbox"/> yes <input type="checkbox"/> no	\$	\$
TOTAL ANNUAL AMOUNT OF ALL 2008 UNTAXED INCOME		\$	\$

STEP 4. Student household information**PLEASE READ AND COMPLETE THIS SECTION CAREFULLY**

List the name, birth date, relationship, and Social Security number of all eligible household members whom you (and/or your spouse) will support between July 1, 2009 and June 30, 2010. If anyone listed is or will be **enrolled in a degree or certificate program at least half time** during those dates (July 1, 2009 to June 30, 2010), provide the name of the postsecondary institution s/he will attend. You may later be required to confirm enrollment of any family member attending college at least half time. Eligible household members include the following:

- yourself (and your spouse, if you have one)
- your children, if you will provide **more than half** their support and you will continue to provide more than half their support from July 1, 2009, through June 30, 2010.
- other people, if they now live with you, receive **more than half** their support and will continue to receive more than half their support from you from July 1, 2009, through June 30, 2010.

Name	Birth date	Relationship to student	Post-secondary institution s/he will attend at least half time from July 1, 2009 to June 30, 2010	Social Security number
1.		self	University of Minnesota, Twin Cities	
2.		spouse		
3.				
4.				
5.				

- More than five household members? YOU ARE REQUIRED TO ATTACH A LIST** of the additional household members. Your list must provide all of the information requested above for each additional person listed. Your aid may increase with this information.

STEP 5. Certification

You must sign this form certifying that the information you provided is true. Misrepresentation of facts in connection with this form may be sufficient cause, in and of itself, for cancellation or repayment of financial aid whenever discovered.

Student's signature (required)	Date signed
Spouse's signature (optional)	Date signed