Central Washington University  
Office of Financial Aid

2015–2016 Verification Worksheet

Independent Student

**LAST NAME:** ______________________  **FIRST NAME:** ______________________  **STUDENT ID:** ______________________

**IMPORTANT:** The priority deadline for submitting this worksheet and all necessary forms is May 15, 2015. This form must be submitted in person at Central Washington University-Office of Financial Aid (or an official CWU University Center).

A. **Number of Household Members and Number in College**

List the people in your household below. Include all of the following:

<table>
<thead>
<tr>
<th>#1 List yourself and spouse</th>
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<tbody>
<tr>
<td>Self</td>
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<tr>
<td>Spouse (If married)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>#2 List your Children</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Are they attending College/University in 2015-16? If so, list where:</th>
<th>Enrolled at Least Half Time (Yes or No)</th>
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</table>

<table>
<thead>
<tr>
<th>#3 List other dependents who live with you</th>
<th>Age</th>
<th>Relationship to you</th>
<th>Are they attending College/University in 2015-16? If so, list where:</th>
<th>Enrolled at Least Half Time (Yes or No)</th>
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</tbody>
</table>

B. **Student Tax and Income Information**

Check **only one box:**

- [ ] The student and spouse (if applicable) were not employed and had no income earned from work in 2014.

- [ ] The student and spouse (if applicable) were employed in 2014 neither were required to file a tax return. Attach a list of the names of all employers, the amount earned from each employer in 2014, and whether a W-2 form is provided. List every employer even if the employer did not issue a W-2 form.

- [ ] The student and spouse (if applicable) filed a tax return and **have used** the IRS Data Retrieval Tool (DRT) in **FAFSA on the Web** to transfer 2014 IRS income tax return information into the student’s FAFSA.

- [ ] The student and spouse (if applicable) filed a tax return, **have not yet used** the IRS DRT in **FAFSA on the Web**, but will use the tool to transfer 2014 IRS income tax return information into the student’s FAFSA once the 2014 IRS income tax return has been filed.

- [ ] The student and spouse (if applicable) filed a tax return and are unable or choose not to use the IRS DRT in **FAFSA on the Web**, and instead will provide the school a **2014 IRS Tax Return Transcript**, **See instruction sheet: Requesting a Tax Return Transcript**. **NOTE:** If the student and their spouse filed separate 2014 IRS income tax returns, **2014 IRS Tax Return Transcripts** must be provided for both. (The IRS DRT cannot be used to import tax information for separate returns)
C. Independent Student’s Untaxed Income Information to be Verified

<table>
<thead>
<tr>
<th>Students $</th>
<th>Complete EACH COLUMN, Enter ZERO if you do not have an amount to report. If you listed a spouse in Section A of this worksheet, the certifications and instructions below refer and apply to both you and your spouse. Do not leave anything blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.</td>
<td></td>
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<tr>
<td>IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040-total of line 28 plus line 32 or 1040A-line 17</td>
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<tr>
<td>Total child support received in 2014 for all children. Don’t include foster care or adoption payments.</td>
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<tr>
<td>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 military BAH.</td>
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<tr>
<td>Veterans’ non-education benefits, such as Disability, Death Pension, or Dependency &amp; Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.</td>
<td></td>
</tr>
<tr>
<td>Other untaxed income not reported such as workers’ compensation, disability, etc. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.</td>
<td></td>
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<tr>
<td>Money received or paid on your behalf (e.g. bills) not reported elsewhere on this form.</td>
<td></td>
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</table>

D. Child Support Paid

Complete this section if the student or spouse paid child support in 2014.
If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
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Note: You may be required to provide additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received.
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.
E. Receipt of SNAP Benefits

The student certifies that ___________________________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household includes:

▪ The student.

▪ The student’s spouse, if the student is married.

▪ The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.

▪ Other people if they now live with the student and the student or spouse provides more than half of the other people’s support and will continue to provide more than half of their support through June 30, 2016.

Note: You may be required to provide documentation from the agency that issued the SNAP benefits in 2014.

F. High School Completion Status

Provide one of the following documents to CWU Admissions that indicates the student’s high school completion status when the student will begin college in 2015–2016:

▪ A copy of the student’s high school diploma.

▪ A copy of the student’s final official high school transcript that shows the date when the diploma was awarded.

▪ A copy of the student’s General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.

▪ For students who completed secondary education in a foreign country, a copy of the “secondary school leaving certificate” or other similar document.

▪ An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.

▪ For a homeschooled student from a state where state law requires the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

▪ For a homeschooled student from a state where state law does not require the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

☐ The student provided high school completion documentation to the CWU Admissions Office.
NOTE: It is possible during Verification and review of your documents that we will determine additional information or documents will be needed to complete the process. We will communicate any such request through your campus e-mail and post the requests on your MyCWU checklist.

G. Certification and Signature

By signing below I certify that all of the information reported is complete and correct.

Print Student’s Name ___________________________ Student’s ID Number ___________________________

Student’s Signature (Required) ___________________________ Date ___________________________

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.

Please see next page for instructions on the final step that must be completed in-person.
The following section can ONLY be completed IN-PERSON at the institution. If you cannot complete this form in-person, please contact the Financial Aid Office for further instructions.

Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

The student must appear in person at Central Washington University- Office of Financial Aid (or an official CWU University Center) to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution 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 the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____________________________ am the individual signing this
(Print Student’s Name)
Statement of Educational Purpose and that the federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending
_________________________ for 2015-2016.
(Name of Postsecondary Educational Institution)

_________________________________________    _______________
(Student’s Signature)                          (Date)

_________________________________________
(Student’s ID Number)

Signed in the presence of:

______________________________
Print Name of CWU Designee/Staff

______________________________    Date
Signature of CWU Designee/Staff

Copy of original, verified photo identification attached?  ☐ Yes  ☐ No