INDEPENDENT

2019-2020 Verification Worksheet Federal Student Aid Programs

Your application was selected by the U.S. Dept. of Education for review in a process called "verification."

WHAT YOU MUST DO BEFORE FINANCIAL AID CAN BE AWARDED TO YOU

- Complete all sections and sign the worksheet you and your spouse must sign the worksheet.
- Submit all required documents to the Office of Student Financial Aid.
- If you or your spouse did not file or are not required to file an IRS 1040, you and your spouse must affirm that you are not required to file an IRS 1040 and include a copy of 2017 W-2 Forms from all employers.

A. Student Information (Please Print or Type)

Last Name		First Name	M.I.	Student ID Number	
Address (include ap	t. #)	City	State	Zip Code	
Date of Birth	E-Mail A	Address	Phone Number (Include A	Area Code)	

B. Family Information

List the people in your household, include:

- You and your spouse.
- Your children if you will provide more than half of their support from July 1, 2019 through June 30, 2020 even if they don't live with you.
- Other people 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 and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

Write the names of ALL household members. Also write in 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, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College Attending in 2019-2020	
		Self	SUNO	

C. **Income Tax Information** Please check the appropriate section below:

STUDENT INCOME - - COMPLETE ONLY IF YOU USED THE IRS DATA RETRIEVAL TOOL

____I attest that I have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my 2017 IRS income information into my FAFSA. I have not changed this information.

STUDENT - - COMPLETE ONLY IF YOU DID NOT USE THE IRS DATA RETRIEVAL TOOL

____I am unable/chose not to use the IRS Data Retrieval Tool in FAFSA on the Web. My 2017 IRS Tax Return Transcript is attached to this worksheet.

SPOUSE INCOME - - COMPLETE ONLY IF YOU USED THE IRS DATA RETRIEVAL TOOL

____I attest that my parents have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2017 IRS income information into my FAFSA. This information has not been changed.

SPOUSE - - COMPLETE ONLY IF YOU DID NOT USE THE IRS DATA RETRIEVAL TOOL

____My parent was unable/chose not to use the IRS Data Retrieval Tool in FAFSA on the Web. My parent(s) 2017 IRS tax return transcript is attached to this worksheet.

I attest that			LE AND ARE NOT REQUIRED TO FILE not required to file an IRS 1040 for 2017. I have a	ttached all of
I attest that	OMPLETE ONLY IF YOUT IT HAVE NOT FILED AND IT I HAVE NOT FILED AND INCOME.	OU WILL NOT FILE 040 for 2017 and I at	E AND ARE NOT REQUIRED TO FILE m not required to file an IRS 1040 for 2017. I have	attached all of
D. <u>Addi</u>	tional Income			
			come received in 2017. Be sure to enter zero ay the processing of your verification.	s if no funds
			or no untaxed income will be required to sub	omit a ZERO
INCOME VEI	RIFICATION FORM sh	owing how living	expenses were met.	
Student			lar Year 2017	Spouse
		201. 61	ntaxed Income	
\$	including, but not limite H, and S	d to, amounts reporte	gs plans (paid directly or withheld from earnings) ed on W-2 Form Box 12a – 12d, codes D. E., F, G,	\$
\$	Untaxed portion of pens			\$
\$	Untaxed portion of IRA			\$
\$	Tax exempt interest inco		40A line 8b	\$
\$	Education credits from		paration or as a result of a legal requirement.	\$
9			shild support	Ψ
	The person's name to w Address where the child	hom the support is pa	aid	
Did any p Assistance If yes, the Recipients of printout from	erson in your household e Program Benefits in 20 n please indicate name(s Supplemental Nutrition	and listed in Section 18 or 2019? Some Assistance Property	OCE PROGRAM (SNAP) on B of this worksheet receive Supplemental N Yes No gram (SNAP) benefits must provide docum ligibility or a letter confirming SNAP benefits	entation. A
By signing this	ou purposely give false		rmation reported on this worksheet is complete rmation on this worksheet, you may be fined, b	
Student's Sign	nature	Date	Spouse's Signature (if applicable)	Date

Return by mail, e-mail or fax to:

Southern University at New Orleans Office of Student Financial Aid 6400 Press Drive, New Orleans, LA 70126

PHONE: (504) 286-5263 FAX: (504) 286-5213 E-Mail: <u>financialaid@suno.edu</u>