

STUDENT INFORMATION: PLEASE PRINT UAH Student ID A# or Social Security # _____

 Last Name First Name MI Date of Birth

 Street Address City State Zip Code () Phone _____

Read all instructions carefully to ensure this worksheet and document requirements are submitted in their entirety. All sections must be answered. If not applicable, note 'n/a.'

Your application was selected for review in a process called "Verification."

In this process, UAH will be comparing information reported on your FAFSA application to the required documents submitted. The Dept of Education requires that we verify this information before awarding federal financial aid. If there are differences between your application information and your financial documents, our office will make an electronic correction on your FAFSA application.

Verification documents should be submitted 6 weeks prior to the start of the term for which federal aid is requested.

Review your account status on a regular basis at <https://my.uah.edu>

Any question regarding this worksheet or its required documents will be communicated via the student's UAH email account.

UAH Office of Student Financial Services 301 Sparkman Drive, UC 212, Huntsville, Alabama 35899
 Phone (256) 824-6650 Fax (256) 824-6212 Email financialaid@uah.edu Website <http://financialaid.uah.edu>

A. HOUSEHOLD INFORMATION: Write the names of all your household members below:

- List yourself, and
- List your spouse, if you are married, and
- List your children and your spouse's children, if
 - (A) you and your spouse provide more than 50% of their financial needs OR
 - (B) if a child is required to provide parental information when applying for federal student aid.
- Exclusion: Do not list children to whom child support is paid, child support is reported in Section B of this worksheet,
- List any other people who now live with you **and** you provide 50% or more of their financial support **and** will continue to provide more than 50% of their financial needs from July 1, 2015 through June 30, 2016.
- Write the name of the college for household members attending college at least half time, between July 1, 2015 and June 30, 2016.
 If you need additional space, attach a separate page.

Household Members	Age	Relationship	Attending College at least half time Fall 2015-Summer 2016
Your Name _____		Self	UAH

B. CHILD SUPPORT PAID by a member of household listed above : \$ _____ = Total amount paid in 2014
 Please note N/A if this does **not** apply to a member of the household listed in Section A.

Child support paid by student and/or spouse listed in Section A of this worksheet: (first & last name) _____

Individual the child support was paid to, not listed in Section A of this worksheet: (first & last name) _____

Names and age of children supported by child support payment . These children should not be listed in Section A of this worksheet.

C. STUDENT EARNED INCOME and TAX FILING STATUS. Circle YES or NO to the following questions.
Did you work in 2014? Yes or No **Did or will you file a 2014 federal tax return? Yes or No**
 If you answered yes to either question, submit the following :
 - Copy of all 2014 W2's, Schedule C, F, K and/or Form 1065, if applicable from the 1040 tax return.
 - Copy of your 2014 tax return transcript - obtained from the IRS - if the IRS Data Retrieval was not used.
 - Wages earned in cash must also be reported. Submit a written statement of cash earned in 2014.

D. SPOUSE EARNED INCOME and TAX FILING STATUS. Circle YES or NO to the following questions.
Are you married? Yes or No If yes, complete the following requirements
Did your spouse work in 2014? Yes or No **Did your spouse file a 2014 federal tax return? Yes or No**
 If you answered yes to either question, submit the following documents:
 - Copy of your spouse's 2014 w2's, Schedule C, F, K or Form 1065 if applicable from the 1040 tax return
 - Copy of spouse's 2014 federal tax return transcript - if you and your spouse filed a separate tax return
 - Wages earned in cash must be reported. Submit a written and signed statement of cash earned in 2014.

To obtain a pdf of the required 2014 tax return transcripts go to <https://irs.gov> - If the IRS Data Retrieval tool was not used.

E. 2014 CALENDAR YEAR UNTAXED BENEFITS: Do not leave blanks. Enter zero for those benefits that do not apply to you.
 This information is not reported in your 2014 tax return. Amounts should be reported in annual increments.

DO NOT INCLUDE UNTAXED SOCIAL SECURITY BENEFITS	STUDENT	SPOUSE
Tax deferred pensions and savings plans paid directly to or withheld from earnings. Amounts paid directly must be reported as untaxed income. For amounts withheld from earnings, go to Box 12 of your 2014 w2's. Report amounts coded D, E, F, G, H, S.	\$	\$
Child Support RECEIVED for all Children. Do NOT include foster care	\$	\$
Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$	\$
Veterans' non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances	\$	\$
Other untaxed income or benefits not reported elsewhere, such as workers compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Do NOT include student aid, WIA educational benefits, or benefits from flexible spending arrangements	\$	\$
Cash received or money paid on your behalf (bills) not reported elsewhere on this form	\$	\$
Money received or paid on your behalf, includes 529 plan that is owned by someone other than your parent (such as grandparent, aunt, or uncle)		
Taxable earnings earned from Federal Work Study or other need-based programs	\$	\$
SNAP/ food stamp benefits received by a member of the household on page 1, in 2014.	Yes or No	Yes or No

F. STATEMENT OF SUPPORT.
 If you and your spouse did not file a federal income tax return and you and your spouse answered "0" to all questions in Section E , please describe below how you and your spouse supported yourselves in 2014 and will support yourselves in between July 1, 2015 and June 30, 2016. If you need more space, please attach a separate page. A copy of documentation to support this statement is recommended.

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

By signing this Verification Worksheet, we certify that all the information reported is complete and correct.

Student's Signature (required) **Date** **Spouse's Signature (optional)** **Date**