

2015-2016

Federal Student Aid Program

STUDENT INFORMATION:	PLEASE PRINT	UAH Studen	t A# or Social Securit	y #
Last Name		First Name	MI	Date of Birth
Street Address	City	State	Zip Code) Phone
(instructions carefully t ed in their entirety. <u>All</u>			
Dept of Education requires that application information and ye Verification documents s Any question regarding this	t we verify this information our financial documents, hould be submitted 6 Review your account s sworksheet or require	eported on your FA on before awarding our office will make weeks prior to th tatus on a regular d documents will	FSA application to the federal financial aid. an electronic correct e start of the term f basis at <i>https://my</i> be communicated v	e required documents submitted. The If there are differences between your ion on your FAFSA application. For which federal aid is requested. Auah.edu ia the student's UAH email accoun
UAH, Office Phone (256) 824-66 A. OBTAIN and COMPLETE		Email financiala	id@uah.edu Websit	e http://financialaid.uah.edu
	DUCATIONAL PURPOS			Office Use Only
	ENDENT VERIFICATION		Date Re	ec'd
These Forms are available t			Copy V	erified, Signed & Attached
B. Office of Student	vww.uah.edu/admissic Financial Services, Uni n via email at financiala	versity Center, Ro	om 212	account at <i>https//my.uah.edu</i> .
	rk in 2014? YES / NO	Did ubmit copies of a	ll 2014 W2's, Sched	in 2014? YES / NO ule C, F, K and/or Form 1065. all cash earned in 2014.
C. TAX FILING STATUS. C Did you <u>or</u> will you file	e a 2014 federal tax r a retrieval tool used v	return ?	Yes / No	Yes / No

D. 2014 CALENDAR YEAR UNTAXED BENEFITS: <u>Do not leave blanks</u>. Enter zero for those benefits that do not apply to you. This information is not included in your 2013 tax information. Amounts should be reported in annual increments.

DO NOT INCLUDE UNTAXED SOCIAL SECURITY BENEFITS	STUDENT	PARENT
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	\$	\$

E. STATEMENT OF SUPPORT.

If you and/or your parents did not work or file a federal income tax return and you and your parents answered "zero" to all questions in Section D, please describe below how you and/or your parents supported yourselves in 2014 and will support yourselves in 2015. If you need more space, please attach a separate page. A copy of documentation to support this statement may be required.

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.