



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

 Last Name First Name MI Date of Birth

 () _____
 Street Address City State ZipCode 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 the 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. OBTAIN AND COMPLETE THE FOLLOWING FORMS:

- 1. IDENTITY AND EDUCATIONAL PURPOSE VERIFICATION FORM**
- 2. CUSTOM V4 INDEPENDENT VERIFICATION FORM**

Office Use Only

Date Rec'd _____

Copy Verified, Signed & Attached _____

These Forms are available to you at the following locations:

- On line: <http://www.uah.edu/admissions/undergraduate/financial-aid/policies>
- Office of Student Financial Services, University Center, Room 212
- Request the form by email at financialaid@uah.edu. Also available on your account at <https://my.uah.edu>

B. STUDENT and SPOUSE EARNED INCOME. Circle YES or No to the following questions.

Did you, the student work in 2014? Yes / No **Did your spouse work in 2014? Yes / No N/A**

If Yes to either question, you are required to submit a copy of all 2014 W2's, Schedule C, F, K and/or Form 1065. Wages earned in cash must be reported. Submit a written and signed statement of total cash earned in 2014.

C. STUDENT and SPOUSE TAX FILING STATUS. Circle Yes or No to the following questions.

Did you OR will you file a 2014 federal tax return ? Yes / No
Did your spouse OR will your spouse file a 2014 federal tax return ? Yes / No N/A

If Yes, was the IRS Data retrieval tool used when completing the FAFSA? Yes / No

If the IRS data retrieval tool was not used, you are required to submit a copy of your and your spouse's 2014 federal tax return transcript. A copy of the 1040 is not acceptable documentation.

Go to <https://irs.gov> to obtain a pdf format of the required 2014 tax return transcripts or IRS Non filing statement.

D. 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 on 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	\$	\$
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)	\$	\$
Cash received or money paid on your behalf (bills) not reported elsewhere on this form	\$	\$
Taxable earnings earned from Federal Work Study or other need-based programs	\$	\$

E. STATEMENT OF SUPPORT.

If you and/or your spouse did not work or file a federal income tax return and you and your spouse answered "zero" to all questions in Section D , please describe below how you and your spouse supported yourselves in 2014 and will support yourself in 2014. 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.

 Student's Signature
 (required)

 Date

 Spouse's Signature
 (optional)

 Date