

Student Information

Last Name: _____ First Name: _____ UB Person Number: _____

Health Professions Student Loans are low-interest, need-based federal loans offered to eligible full-time pharmacy & dental students. This loan does not accrue interest until after 12 months after the completion of your program or termination of full time study. The current interest rate is 5% annually. The amount awarded will be determined by the number of qualified applicants and availability of funds. To be considered for this loan, students must complete this verification form & submit all necessary supplemental documents **by July 31**. Incomplete applications will not be considered. **Parental information is required, even if you are married, or your parent(s) live outside of the United States.**

The University at Buffalo Financial Aid Office will verify your financial aid eligibility by reviewing the information provided during this process. Your FAFSA will be corrected during is necessary. Requests for missing or additional items as well as verification results will be sent to your UB email address.

Student Information to be Verified

Select the statement(s) that best represent your 2016 tax filing status and source of income. Complete the instructions as directed.

1. I filed a 2016 Federal Income Tax Return.

- Attach your 2016 IRS Tax Return.
- I filed an Amended Tax Return
 - Attach your 2016 IRS Tax Return to this worksheet and;
 - A copy of your signed 2016 Amended Tax Return (1040X)
- I filed a foreign tax return.
 - Attach a copy of your Foreign Tax Return with a notarized copy of English translation.

2. I DID NOT file a U.S. or Foreign 2016 Federal Income Tax Return and I was not required to file.

- I did not earn income from work in 2016.
Submit the IRS Verification of Non-Filing Letter. To obtain the letter, submit IRS form 4506-T to the applicable address on page 2 of the form. Select item number 7 on the form to indicate which document you are requesting. The form is available at financialaid.buffalo.edu/forms or irs.gov. The Non-Filing Letter may be available online if you have filed taxes in a prior year. Visit irs.gov and click on the "Get my Tax Record" link to use this option.
- I earned income from work in 2016.
List the employer(s) and any income received in 2016. Attach copies of all W2 statements. Attach an additional sheet if extra space is required.

Student's Employer(s) Name	2016 Amount Earned	W-2 Attached
<i>Example Suzy's Auto Body Shop</i>	\$2000	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes



Person Number: _____

Parent Information to be Verified

Select the statement(s) that best represent your 2016 tax filing status and source of income. Complete the instructions as directed.

1. My parent(s) filed a 2016 Federal Income Tax Return.

- Attach their 2016 IRS Tax Return.

My parent(s) filed an Amended Tax Return

- Attach their 2016 IRS Tax Return to this worksheet and;
- A copy of their signed 2016 Amended Tax Return (1040X)

My parent(s) filed a foreign tax return.

- Attach a copy of their Foreign Tax with a notarized copy of English translation.

2. My parent(s) DID NOT file a U.S. or Foreign 2016 Federal Income Tax Return and were not required to file.

My parent(s) did not earn income from work in 2016.

Submit the IRS Verification of Non-Filing Letter. To obtain the letter, submit IRS form 4506-T to the applicable address on page 2 of the form. Select item number 7 on the form to indicate which document you are requesting. The form is available at financialaid.buffalo.edu/forms or irs.gov. The Non-Filing Letter may be available online if you have filed taxes in a prior year. Visit irs.gov and click on the "Get my Tax Record" link to use this option.

My parent(s) earned income from work in 2016.

List the employer(s) and any income received in 2016. Attach copies of all W2 statements. Attach an additional sheet if extra space is required.

Parent's Employer(s) Name	2016 Amount Earned	W-2 Attached
<i>Example Suzy's Auto Body Shop</i>	\$2000	<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes

Person Number: _____

Asset Information

Complete each line by either entering the dollar amount received or checking the Not Applicable box to indicate that the item listed does not apply to you.

Present Day Assets	Student (Check the box if Not Applicable)	Parent (Check the box if Not Applicable)
As of today, what is your total current balance of cash savings and checking accounts	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
As of today, what is the net worth of your investments, including real estate (do not include the home you live in or retirement accounts such as 401K, 403B plans, non-education IRAs, Keogh plans, etc.)	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
As of today, what is the net worth of your current business and/or investment farms (do not include a family farm or business with fewer than 100 full-time employees)	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>

**If you indicated an amount above, you must submit documentation of net worth of all assets (ie. Rental property, stocks, etc.)—do not include your primary residence or retirement accounts. Write your person number on all submitted documents.*

Household Size

List ALL individuals in your & your parent(s)' household, including:

1. Yourself, spouse and children (if applicable)
2. Your parent(s) (including stepparent) even if you don't live with your parents, and
3. Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and
4. Other people who live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.

Write the names of all household members in the space(s) below along with the name of the college for any household member who will be enrolled at least half-time between July 1, 2018 and June 30, 2019 in a degree, diploma, or certificate program at a Title IV eligible institution. **Do not include parents' colleges. Attach additional pages if necessary.**

Full Name	Age	Relationship	University/College*
Missy Jones (example)	48	Mother	N/A
		Self	University at Buffalo



Person Number: _____

Income

Complete each line by either entering the dollar amount received or checking the Not Applicable box to indicate that the item listed does not apply to you.

Source of 2016 Income Exclusions	Student (Check the box if Not Applicable)	Parent (Check the box if Not Applicable)
Taxable earnings from Federal Work-Study	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
Taxable combat pay or special combat pay included in your adjusted gross income	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
Earnings from work under a cooperative education program offered by a college	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
Rollover amount included in IRA distribution	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A

Untaxed Income

Complete each line by either entering the dollar amount received or checking the Not Applicable box to indicate that the item listed does not apply to you.

Source of 2016 Untaxed Income	Student (Check the box if Not Applicable)	Parent (Check the box if Not Applicable)
Disability	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
Child Support Received	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A
Other untaxed income not reported. <i>Include</i> Workers Compensation, untaxed portions of health savings accounts. <i>Don't include</i> 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.	\$ <input type="checkbox"/> N/A	\$ <input type="checkbox"/> N/A

Certification and Signature

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the University at Buffalo to make any change(s) necessary as a result of the updated information that I have provided.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____