

In accordance with Department of Education guidelines, the University at Buffalo is required to select a percentage of students who apply for federal financial aid for a verification process to confirm the accuracy of certain data reported on their [FAFSA](#). Your eligibility for federal financial aid cannot be determined until the verification review has been completed.

Deadlines for submission of verification documents and other helpful information regarding the verification process can be found on our website at <http://www.financialaid.buffalo.edu/process/verification.php>.

Instructions

Complete each section of this form. **Enter “NA” in fields that do not apply to you. Retain this page for your records.** Incomplete documents will be returned via postal mail to the student’s permanent address on file.

Tax Filers:

If you and/or your parent(s)/stepparent are required to file taxes, use the following checklist to prevent delays in the processing of your financial aid:

1. _____ Answer all questions. Enter “NA” in the fields that do not apply to you.
2. _____ Use the IRS data retrieval tool to supply us with your federal tax information;
Or
_____ Attach a Federal Tax Return Transcript. Note: We cannot accept a Tax Account Transcript;
Or
_____ Attach the first 2 pages of your **signed** 2015 Federal Tax Return. The return must either be signed by you, or must have your tax preparers EIN number clearly showing. **DO NOT** submit schedules or State Tax Returns.
3. _____ Confirm that you and the parent that you listed on your FAFSA both signed page 3 of the Dependent Student Verification form.

Non-Tax Filers:

If you and/or your parent(s)/stepparent are not required to file taxes, use the following checklist to prevent delays in the processing of your financial aid:

1. _____ Answer all questions. Enter “NA” in the fields that do not apply to you.
2. _____ Clearly indicate your W2 wages earned during 2015;
Or
_____ List **ALL** other income sources for your household in 2015.
3. _____ Confirm that you and the parent that you listed on your FAFSA both signed page 3 of the Dependent Student Verification form.

Student Information

Last Name: _____ First Name: _____ Middle I: ____ Person Number: _____

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What We Need From You

1. Use the [IRS Data Retrieval Tool](#) (view instructions at <http://www.irsdataretrievaltool.com/irs-data-retrieval-tool-step-by-step-instructions>) or submit **signed** copies of *your and your parent(s)*' 2015 Federal IRS Tax Return, or optional Tax Return Transcript if you filed taxes (Supplemental schedules and statements are not required at this time)
2. Complete and sign this worksheet - you and at least one parent
3. Make sure to list your UB person number at the top of **all** submitted documents
4. Submit the completed and signed worksheet, with all the documents listed, to the Office of Financial Aid.

Family Information

List ALL the people in your parent(s)' household, including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- 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, 2016 through June 30, 2017, or (b) the children would be required to provide parental information when applying for Federal Student Aid
- Other people if they now 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, 2016 through June 30, 2017

Write the names of all household members in the space(s) below. Also, write in the name of the college for any household member who will be enrolled at least half-time between July 1, 2016 and June 30, 2017 in a degree, diploma, or certificate program at a Title IV eligible institution. **Do not include parents' colleges** (parents cannot be counted in the number in college total). If you need more space, attach a separate sheet.

Full Name	Age	Relationship	University/College*
Missy Jones (example)	48	Mother	N/A (cannot include parent(s)' college)
		Self	University at Buffalo

*If you have indicated more than one in college, enrollment verification may be required.

Person Number: _____

Tax and Income Information
TAX RETURN FILERS - Complete A, B, **OR** C if the student and/or parent, filed or will file a 2015 income tax return with the IRS.

 A. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. Follow the instructions found at <http://www.irsdataretrievaltool.com/irs-data-retrieval-tool-step-by-step-instructions>.

OR

 B. Obtain an IRS tax return transcript on-line using the website: www.IRS.gov/Individuals/Get-Transcript Select: Get Transcript On-Line and follow the instructions.

OR

 C. Submit a **signed** copy of your 2015 Federal Income Tax Return (Supplemental schedules and statements are not required at this time)

NON-TAX FILERS (Check all that are applicable):
Student:

-
1. You worked, but will not file and are not required to file a 2015 Federal Income Tax Return

Wages from W2 Income	\$
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-
2. You did not work, received no W2s, and did not file a 2015 Federal Income Tax Return.

Student 2015 Income – Other Sources	Amount of Income
	\$
	\$

Parent:

-
1. Your parent(s) worked, but will not file and are not required to file a 2015 Federal Income Tax Return

Wages from W2 Income	\$
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-
2. Your parent(s) did not work, received no W2s, and did not file a 2015 Federal Income Tax Return.

Parent 2015 Income – Other Sources	Amount of Income
	\$
	\$
	\$

Supplemental Nutrition Assistance Program (SNAP)

 Did you receive Supplemental Nutrition Assistance Program (SNAP) benefits in 2015? YES NO

Person Number: _____

Additional Financial Information and Untaxed Income

Complete each line either by entering the amount received, or check the Not Applicable box to indicate that the income exclusions or untaxed income listed do not apply to you.

Additional Financial Information

Child Support Paid for all children for 2015 (If you are reporting child support paid, complete the next line).	Not Applicable <input type="checkbox"/>	Amount Paid \$
Name of person making child support payments		Name of child(ren) support is paid for:
Child Support Received for all children for 2015	Not Applicable <input type="checkbox"/>	Amount Received \$

Source of 2015 Income Exclusions	Check if Item is Not Applicable	Student	Parent/Stepparent
Taxable earnings from Federal Work Study	<input type="checkbox"/>	\$	\$
Taxable combat pay or special combat pay included in your adjusted gross income	<input type="checkbox"/>	\$	\$
Earnings from work under a cooperative education program offered by a college	<input type="checkbox"/>	\$	\$

Untaxed Income

Other Sources of 2015 Income	Check if Item is Not Applicable	Student	Parent/Stepparent
Living allowances paid to members of the military, clergy and others	<input type="checkbox"/>	\$	\$
Veterans non-education benefits	<input type="checkbox"/>	\$	\$
Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form	<input type="checkbox"/>	\$	\$
Any *other untaxed income or benefits, such as worker's compensation or disability	<input type="checkbox"/>	\$	\$

***INCLUDE** the untaxed portions of health savings accounts from IRS Form 1040 –line 25.

***EXCLUDE** extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

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: _____

Office Locations

 North Campus: Porter Quad, Building 2
 South Campus: 104 Harriman Hall

Mailing Address

 232 Capen Hall
 Buffalo, NY 14260

Phone: (716) 645-8232

Fax: (716) 645-6566

Website: financialaid.buffalo.edu