



**Student Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle I: \_\_\_\_ Person Number: \_\_\_\_\_

Your 2017-2018 FAFSA was selected for review in a process called EDPS Verification. In this process, the University at Buffalo will be comparing information from your FAFSA with signed copies of your and your parent(s)' 2015 Federal Tax Return, W2(s), and/or other financial documents. If there are differences between your FAFSA information and your financial documents, UB will make the corrections to your FAFSA. **Complete this form, attach all required documentation, and submit before the due date in the email you received.**

*Our office will use your UB email address to request any missing documentation. Be sure to check your email regularly.*

**Instructions**

Complete the following:

1. Submit complete **signed** copies of *your and your parent(s)'* 2015 Federal Tax Return(s)
2. Submit copies of your and your parent(s)' **original** W2s, 1099's or Schedule C if self-employed
3. Submit copy of Social Security benefits statement (if applicable)
4. Submit copy of budget letter for public assistance recipients (if applicable)
5. Complete and sign this worksheet (you and your parent)
6. Submit documentation of net worth of all assets (i.e. rental property, stocks, etc.) if applicable – do not include primary residence
7. Make sure to list your UB person number at the top of **all** submitted documents.

**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, 2017 through June 30, 2018, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- 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, 2017 through June 30, 2018.

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, 2017 and June 30, 2018 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)	40	Mother	N/A (cannot include parent(s)' college)

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



Person Number: \_\_\_\_\_

**Tax and Income Information**

**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

<b>Wages from W2 Income</b>	\$
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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

<b>Wages from W2 Income</b>	\$
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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
	\$
	\$
	\$

**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 <b>Paid</b> 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 <b>Received</b> for all children for 2015	Not Applicable <input type="checkbox"/>	Amount Received \$



Person Number: \_\_\_\_\_

**Additional Financial Information and Untaxed Income (Con't)**

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**

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	<input type="checkbox"/>	\$	\$

Do you and/or your parent(s) own assets (other than your primary residence)?  Yes  No

If yes, provide statements of net worth for all assets owned.

**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: \_\_\_\_\_