

Student Information

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

Health Professions Student Loans are low-interest, need-based federal loans offered to eligible full-time pharmacy and dental students. The loan is subsidized (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 and submit all necessary supplemental documents **by July 31, 2017**. *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 comparing the information on your FAFSA to the information provided by you during this process. If necessary, your FAFSA will be corrected. If necessary, additional items may be added to your HUB To Do List during the review. Requests for additional items and verification results will be sent to your UB email address.

Section 1: STUDENT Information to Be Verified

Select the statement that best represent your 2015 tax filing status and source of income. Check the statement that applies to you and complete the instructions as directed.

- 1. **I filed a 2015 Federal Income Tax Return.**
 - Attach your *signed copy* 2015 Tax Return to this worksheet.
- 2. **I filed a tax return in a foreign country.**
 - Submit a copy of your 2015 tax return and wage statements filed, and a statement with the figures converted to US dollars. **Statement must be notarized.**
- 3. **I DID NOT file a 2015 Federal Income Tax Return.**
 - Complete the [2017-2018 Student Non-Filer Statement](#)
 - List the employer(s) and any income received in 2015. Attach copies of all W2 statements. Select the Not Applicable box if you did not have any income earned from work in 2015.

Student's Employer(s) Name	2015 Amount Earned	IRS W-2 Attached
<i>(Example) Suzy's Auto Body Shop</i>	\$2,000.00	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
<input type="checkbox"/> Not Applicable (I did not earn income from work)		

Person Number: _____

Section 2: PARENT Income Information to Be Verified

Select the statement(s) that best represent your 2015 tax filing status and source of income. Check the statement which best applies to your parent(s) and complete the instructions as directed.

- 1. **My parent(s) filed a 2015 Federal Income Tax Return.**
 - Attach a *signed* copy of your parent's 2015 Tax Return to this worksheet.
- 2. **My parent(s) filed a tax return in a foreign country.**
 - Submit a signed copy of your parent's 2015 tax return and wage statements, and a statement with the figures converted to US dollars. **Statement must be notarized.**
- 3. **My parent(s) DID NOT file a 2015 Federal Income Tax Return.**
 - Complete the [2017-2018 Parent Non-Filer Statement](#)
 - List the employer(s) and any income received in 2015. Attach copies of all W2 statements. Select the Not Applicable box if your parents did not have any income earned from work in 2015.

Parent's Employer(s) Name	2015 Amount Earned	IRS W-2 Attached
<i>(Example) Suzy's Auto Body Shop</i>	\$2,000.00	<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
		<input type="checkbox"/> Yes
<input type="checkbox"/> Not Applicable* (I did not earn income from work)		

**If you selected Not Applicable, please attach a statement explaining how your household was supported in 2015.*

Section 3: Asset Information

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.*

Person Number: _____

Section 4: Household Verification

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

1. Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
2. 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
3. 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, 2017 through June 30, 2018.

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, 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).

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

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



Person Number: _____

Section 5: Income Exclusions

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 2015 Income Exclusions	Student (Check the box if Not Applicable)	Parent (Check the box if Not Applicable)
Taxable earnings from Federal Work-Study	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
Taxable combat pay or special combat pay included in your adjusted gross income	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
Earnings from work under a cooperative education program offered by a college	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
Rollover amount included in IRA distribution	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>

Section 6: 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 2015 Untaxed Income	Student (Check the box if Not Applicable)	Parent (Check the box if Not Applicable)
Disability	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
Child Support Received	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>
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.	N/A \$ <input type="checkbox"/>	N/A \$ <input type="checkbox"/>

Section 7: 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: _____