

2018-2019 Verification Worksheet

This form may be submitted via mail, fax, or in person

SECTION 1: STUDENT INFORMATION

Office of Financial Aid 1950 Third Street La Verne, CA 91750 Phone: (800) 649-0160 Fax: (909) 448-1629 finaid@laverne.edu

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for a process called "Verification". The law says that before awarding Federal Student Aid, University of La Verne must compare your FAFSA with the information on this worksheet and other required documents. We cannot process your financial aid until you submit all the required verification documents. Failure to complete the verification process in a timely matter may result in the loss of aid.

Last Name First Name	La Verne ID
Street Address (include apt. no.)	Phone # where you can be reached
City State	Zip Code
SECTION 2: FAMILY INFORMATION	
DEPENDENT STUDENTS	INDEPENDENTSTUDENTS
List below the people in the parents' household including:	List below the people in the student household including:
The student. The parent(s) (including a stepparent) even if the student doesn't live with the parent(s). The parents' other children if the parent(s) will provide more than half of the children's support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards even if the children do not live with the parent(s). Other people if they now live with the parent(s) and the	 The student. The student's spouse, if the student is married. The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2018, through June 30, 2019, even if the children do not live with the student. Other people if they now live with you, you provide more than half of their support and will continue to do so through July 1, 2018 and June 30, 2019.

Please list all members currently in the household

continue to do so between July 1, 2018 and June 30, 2019.

Full Name	Age	Relationship	College (if applicable) in 2018-2019*
		Self	University of La Verne

^{*}List the college (excluding parents/stepparents for dependent students only) for all household members who will be enrolled in a degree/certificate program at least half-time between July 1, 2018 through June 30, 2019.*



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SECTION 3: STUDENT TAX AND INCOME INFORMATION (check one)

TAX FILERS ONLY						
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			a signed copy of my 2016 Federal Tax R	Leturn or		
IRS Tax Return Transcript and a	signed copy of the IRS for	orm 1040X tha	it was filed with the IRS.			
NON TAX EN EDG ON V						
			on or after October 1, 2017 that indicates a 20	16		
IRS income tax return was not filed (only ☐ I was not employed in 2016	•	*				
☐ I was not employed in 2016☐ I worked but did not file tax			V 2a			
		•	v -28 s employment income, cash support, disa	hility		
				Diffity,		
Employers Name 2016	social security, etc. If necessary please attach additional employer informatio Employers Name 2016 Amount Earned 2016		Attach 2016 W-2			
Employers Ivanc 2010	71mount Eurneu 201		If non-filer, provide			
			copy of all W-2s.			
			10 0			
SECTION 4: PARENT(S) OR	MARRIED STUDE	NT SPOUSA	L TAX AND INCOME			
DEPENDENT STUDENTS		INDEDEND				
If your parent(s) (including steppare	ent) are married or your	INDEPENDENT STUDENTS				
biological parents are unmarried but		If you are married but did not file a joint federal tax return, you must submit your spouse's 2016 Federal Tax Return				
submit income information for both		Transcript.				
TAX FILERS ONLY						
 	-4		and information on the EASEA			
☐ Successfully used the IRS Data R☐ Attached is a signed copy of my pa	•					
			attached are a signed copy of their 2016			
* =		•	the 2016 IRS form 1040X that was filed w	with		
the IRS.	arum i mangerip i, unu u si	Silva Copy of the	10 2010 Into Tollin 10 1011 that was inten ?	, 1011		
NON TAX FILERS ONLY Submit	an IRS Verification of Non-f	iling Letter date	d on or after October 1, 2017 that indicates a 20	016		
IRS income tax return was not filed with		g	, , , , , , , , , , , , , , , , , , , ,			
☐ My parent(s)/spouse were no	ot employed in 2016 and l	had no income				
☐ My parent(s)/spouse worked	I but did not file taxes. At	tached are cop	ies of all my 2016 W-2s			
Listed below are all my source	s of income and financia	l support suc	h as employment income, cash support	.,		
disability, social security, etc. I	f necessary please attach	additional em				
Employers Name 2016	Amount Earned 20	16	Attach 2016 W-2			
			If non-filer, provide			
			copy of all W-2s.			
SECTION 5: PRINT AND SIG	N THE WORKSHIP	T				
SECTIONS, HAMINIAMID SIC						

If dependent, at least one parent who is listed on the FAFSA must sign this form. By signing this worksheet, I (we) certify that all the information
reported on it is complete and correct. If I (we) indicated a non-tax filer status (i.e. not required to file or will not file) I (we) certify that I (we) are
not required to file a federal income tax return for the 2016 year. Per Department of Education guidelines, I (we) understand that purposely giving
false or misleading information on the FAFSA or this worksheet may result in loss of aid and additional penalties including fines, imprisonment, or
both.

Student's Signature	Date	Parent Signature (Dependent Students Only)	Date	