



**THE CATHOLIC UNIVERSITY OF AMERICA**  
Office of Student Financial Assistance

# VERIFICATION WORKSHEET

## Independent

### (2016-2017)

Complete this verification form and submit it to the Office of Student Financial Assistance as soon as possible. Contact our office with questions you may have and we will be glad to help you.

### A. Student Information

\_\_\_\_\_

Last Name                                      First Name                                      Middle Initial                                      CUA I.D.

### B. Family Information

List the people in your household, including:

- Yourself, and your spouse (if married), and
- Your children, if you provide more than half of their support from July 1, 2016 through June 30, 2017, even if they do not live with you, and;
- Other people if they now live with you and you 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.

Also write in the name of the college for any household member who will be attending at least half time in a degree, diploma, or certificate program between July 1, 2016 and June 30, 2017. If you need more space, attach a separate page with the student's name and ID number at the top of the page.

| Full Name          | Age | Relationship<br>(to student) | College<br>(at least half-time<br>during 07/01/2016 –6/30/2017) |
|--------------------|-----|------------------------------|---|
| Jane Doe (example) | 25  | Wife                         | ABC University  |
|                    |     |                              |   |
|                    |     |                              |   |
|                    |     |                              |   |
|                    |     |                              |   |

### C. Tax Information

Please review your CUA Missing Information Letter (MIL). If the letter requests student tax transcript and W-2's then check the response that applies below and attach all required documentation as indicated.

*The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If the you have not already used the tool, you should go to FAFSA.gov, log in to the your FAFSA record, select "Make FAFSA Corrections", and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2015 IRS income tax information.*

- \_\_\_\_\_ The letter does not request a tax transcript or W-2's.
- \_\_\_\_\_ I have attached the requested tax transcript(s) and W-2's for myself and spouse if married.
- \_\_\_\_\_ I have filed a FAFSA correction to use the IRS Data Retrieval Process to update my tax information.
- \_\_\_\_\_ I cannot obtain a tax transcript; I have reviewed the section "Income Information for Tax Filers with Special Circumstances" at <http://financialaid.cua.edu/verification.cfm> and have provided all the necessary alternate documentation.

\_\_\_\_\_  
Name (Student)

\_\_\_\_\_  
CUA ID

**D. Non-Tax Return Filers ONLY (If you did file a tax return skip to Section E)**

Complete this section if the you and/or spouse will not file and are not required to file a 2015 income tax return with the IRS.

- You (and, if married, your spouse) were not employed and had no income from work in 2015.
- You (and if married, the student's spouse) were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 IRS W-2 forms issued to you (and, if married, to your spouse). If more space is needed, attach a separate page with student's name and ID at the top.

| Full Name | Employer's Name | 2015 Amt Earned | IRS W-2 Attached? |
|-----------|-----------------|-----------------|-------------------|
|           |                 |                 |                   |
|           |                 |                 |                   |
|           |                 |                 |                   |

**E. Other Information to be Verified**

- In 2014 or 2015, did you or someone in your household (listed in Section B) receive benefits from the Supplemental Nutrition Assistance Program (SNAP)?  YES\*  NO **(Required) Do Not Leave Blank**

\*If you answered "YES" to question "1." you will need to **provide eligibility documentation from the state agency that issues the SNAP benefits**. The documentation should be affixed to this worksheet at the time of submission. Please make sure that your name and CUA ID are written on the documentation in the event that it becomes separated from this worksheet.

- Did you, or if married, your spouse whose income was reported on the Free Application for Federal Student Aid (FAFSA) pay child support?  YES\*  NO **(Required) Do Not Leave Blank**

\*If you answered "YES" to question "2.", **the individual that paid child support** will need to provide answers to all of the following:

| Person Who Paid Child Support | Person to Whom Child Support was Paid | Child for Whom Child Support was Paid | Age of Child | Amount of Child Support Paid in 2015 |
|-------------------------------|---------------------------------------|---------------------------------------|--------------|--------------------------------------|
|                               |                                       |                                       |              |                                      |
|                               |                                       |                                       |              |                                      |
|                               |                                       |                                       |              |                                      |
|                               |                                       |                                       |              |                                      |

If more space is needed, please attach a separate with your name and ID at the top of the page.

**F. Sign this Worksheet**

Each person signing this form certifies that all the information reported on it is complete and correct. The student must sign and date this worksheet. If married, the spouse's signature is optional.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student NOTE: Signature must be handwritten. Computer fonts not acceptable. Date

\_\_\_\_\_  
Spouse NOTE: Signature must be handwritten. Computer fonts not acceptable. Date  
*(Optional)*

**USE ONE OF THE FOLLOWING METHODS TO RETURN THIS FORM:**

| MAIL or IN-PERSON  | FAX          | EMAIL               |
|--|--------------|---------------------|
| The Catholic University of America<br>620 Michigan Avenue NE, M300 Father O'Connell Hall<br>Washington, D.C. 20064 | 202-319-5573 | cua-faforms@cua.edu |