Mail: William Paterson University
Financial Aid Office
Morrison Hall
300 Pompton Road
Wayne, NJ 07470
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2017-2018 Verification Worksheet
Independent Student

Student's Name_____ **ID# 855**_____ **Phone** _____

Your application was selected for "Verification." Verification is a process governed by Federal and/or State regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate. In this process, WPU will compare information from your 2017-2018 FAFSA with this form, copies of 2015 U.S. Federal Income Tax Return Transcripts, or if applicable, W- 2 forms and other financial documents. If there are differences between the information on the FAFSA and your financial documents, WPU will need to make corrections. ***Aid cannot disburse until verification is complete and the deadline to submit ALL forms is 120 days after the last attendance date.***

Please read and complete all sections below.

SECTON 1: HOUSEHOLD INFORMATION

In the chart below, list the people in the student's household.

Members of the household include:

- 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 their support from July 1, 2017, through June 30, 2018.
- Other people if they now live with the student and the student or spouse **provides more than half of their support and will continue to provide more than half of their support through June 30, 2018**.

  Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		Self	William Paterson University	Yes

SECTION 2: TAX FILERS MUST PROVIDE IRS TAX INFORMATION

1). If you (and your spouse, if married) filed a tax return and did not utilize the IRS Data Retrieval process, a copy of your 2015 FEDERAL TAX RETURN TRANSCRIPT(S) must be submitted. To request a copy of a 2015 FEDERAL TAX RETURN TRANSCRIPT from the Internal Revenue Service, call **(800) 908-9946** or go to **www.IRS.gov**. If a tax return was amended a signed and IRS stamped "Received" copy of the **2015 IRS Form 1040X**, "Amended U.S. Individual Income Tax Return," must be submitted along with the IRS TAX RETURN TRANSCRIPT(S).

Student's Name_____ **ID# 855**_____

SECTION 3: STUDENT INCOME/SPOUSE' S INCOM E IF APPLICABLE

☐ I/We used the IRS Data Retrieval process when completing/updating the 2017-2018 FAFSA. Therefore, I am not required to submit my ***2015 IRS Tax Return Transcript.***

☐ I will provide my 2015 Federal IRS Tax Return Transcript.

☐ Student's/Student's spouse 2015 Federal IRS Tax Return Transcript(s) are attached.

☐ I/We will not file and are not required to file a 2015 Federal tax return.
NOTE: If you/your spouse did not file a tax return, but had earnings from work, please list each employer. Attach copies of **ALL** 2015 W-2 forms issued to you (and, if married, to your spouse) by employer(s). **Explain if a W-2 form is not attached from ALL employers.**

NOTE: ***Only complete if you are not required to file a 2015 Federal Tax Return.***

Employer's Name	2015 Amount Earned	IRS W-2 Attached?

SECTION 4: SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/FOOD STAMPS

☐ Check this box if any member of your household listed on the front page received SNAP (Food Stamps Benefits) in 2015 or 2016.

SECTION 5: CHILD SUPPORT PAID

Complete the chart below if the student or spouse PAID child support in 2015. List below the names of the person who PAID the child support, the names of the person to whom the child support was PAID, the names and ages of the children for whom the child support was PAID, and the total annual amount of the child support that was PAID in 2015 for each child.

Name of Person Who **PAID** Child Support	Name of Person to Whom Child Support was **PAID**	Name and AGE of Child for Whom Support Was **PAID** *Name:* *Age:*	Amount of Child Support **PAID** in 2015

SECTION 6: CERTIFICATIONS AND SIGNATURES

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

_____ _____
Student's Signature Date

_____ 855_____
Print Student's Name Student's ID Number