



/2019-2020 VERIFICATION WORKSHEET (Independent)

Name: _____

Southeast ID #: _____

We received your FAFSA and it has been chosen for verification. The US Department of Education requires certain data from your FAFSA be verified for accuracy.

Southeast Missouri State University recommends completion of the verification process by June 15, 2019. Completing verification after this date will delay the processing of your financial aid. You will be required to make payments towards your account balance until your financial aid eligibility can be determined.

HOUSEHOLD INFORMATION:		
Who is a member of my household? 1) Yourself 2) Your spouse, if you are married. 3) Your dependent children if you will provide more than half of their support from July 1, 2018 through June 30, 2019. 4) Other people only if they now live with you and you will provide more than half of their support through June 30, 2019.		
FULL NAME	RELATIONSHIP	COLLEGE
<i>You (the student)</i>	Self	Southeast Missouri State University
	Spouse	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
	<input type="checkbox"/> Child <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____




Note: Attach a separate page to list additional individuals if necessary.

STUDENT INCOME INFORMATION: (CHECK ONE)		
<input type="checkbox"/> I did not work in 2017 ↓	<input type="checkbox"/> I worked & did not file Federal taxes for 2017 ↓	<input type="checkbox"/> I worked & filed Federal taxes for 2017 ↓
Provide a 2017 IRS "Letter of Non-filing" <small>(May request with IRS form 4506-T)</small>	Provide a 2017 IRS "Letter of Non-filing" and a copy of all 2017 W2s for yourself Were you self-employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(W2's not required for self-employed income)</small>	Provide your 2017 Tax Information 1) Use the Data Retrieval Tool (DRT), or <small>(Return to the FAFSA to link to the IRS)</small> 2) Submit a signed 2017 Tax Return copy, or <small>(1040, 1040A, 1040EZ)</small> 3) Submit an IRS "Tax Return Transcript" <small>(Request at www.irs.gov)</small>

Note: If you or your spouse did not file taxes, be sure to check the IRS income filing requirements to ensure you were not required to file, to prevent delays in processing. Income thresholds can be found on Table 1 at <https://bit.ly/2SfxD0T>.

Name: _____

Southeast ID #: _____

SPOUSE INCOME INFORMATION: (CHECK ONE)		
<input type="checkbox"/> Spouse did not work in 2017 	<input type="checkbox"/> Spouse worked & did not file Federal taxes for 2017 	<input type="checkbox"/> Spouse worked & filed Federal taxes for 2017 
Provide a 2017 IRS "Letter of Non-filing" for your spouse <i>(May request with IRS form 4506-T)</i>	Provide a 2017 IRS "Letter of Non-filing" and a copy of all 2017 W2s for your spouse Was your spouse self-employed? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(W2's not required for self-employed income)</i>	Provide your spouse's 2017 Tax Information 1) Use the Data Retrieval Tool (DRT), or <i>(Return to the FAFSA to link to the IRS)</i> 2) Submit a signed 2017 Tax Return copy, or <i>(1040, 1040A, 1040EZ)</i> 3) Submit an IRS "Tax Return Transcript" <i>(Request at www.irs.gov)</i>

ADDITIONAL HOUSEHOLD INCOME:		
Note: All questions apply to student (& spouse if married) --- YOU MUST CHECK YES OR NO TO EACH QUESTION		
Child Support Received in 2017 <i>(List each child for which support is received.)</i> _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month
Child Support Paid in 2017 <i>(List each child for which support is paid.)</i> _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month
Tax-deferred Pension/Savings <i>in 2017 (See: W-2 box 12, codes D E, F, G, H, or S)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____
Social Security/SSI	<input type="checkbox"/> No	<input type="checkbox"/> Yes
SNAP (Food Stamps)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Section 8 Housing/HUD	<input type="checkbox"/> No	<input type="checkbox"/> Yes
WIC/TANF (Temporary Assistance)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veterans' Non-educational Benefits	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Housing, Food, and Other Allowances Paid to Clergy/Military/Others	<input type="checkbox"/> No	<input type="checkbox"/> Yes



Did you complete this form in its entirety? Incomplete/unsigned forms WILL be returned, and will delay processing.

CERTIFICATION AND SIGNATURE:	
By signing this worksheet I certify that all information is complete and correct, to the best of my knowledge.	
Student's Signature: _____	Date: _____