



Name _____

Empl ID _____

Date _____

2018-2019 DEPENDENT VERIFICATION WORKSHEET (FAVFDO)

Your application was selected for review in a process called "Verification." In this process, the school will be comparing information from your Free Application for Federal Student Aid (FAFSA) with information from the finalized 2016 tax data, W-2 forms, and/or other financial documents. If there are differences between your FAFSA and your financial documents, the school will send corrections electronically, to have your information reprocessed.

You are required by law to provide all necessary documents to complete Verification. Failure to comply will result in a non-disbursement of any potential grant funding.

A. STUDENT INFORMATION

Address (include apt. no.) _____

Date of Birth _____

City _____ State _____ Zip Code _____

Phone number (include area code) _____

B. FAMILY/HOUSEHOLD INFORMATION

a. Your Parent(s):

- Parent information should match parent information provided on FAFSA application.
- If not married, or not living together, list which parent provides most of your care.
- If divorced and remarried, list your primary parent as well as step-parent.

Full Name	Age	Relationship to Student
		Parent 1: (father, mother, stepparent)
		Parent 2: (father, mother, stepparent)

List the people that your parent(s)/stepparent will support between July 1, 2018 and June 30, 2019:

b. Sibling(s):

- Dependent children under the age of 24 (if your parent(s) provide more than half support, or if they would be required to give parental information when applying for Federal student aid.)
- Also write in the name of the *COLLEGE* for any siblings (excluding dual enrolled sibling(s)) who will be attending COLLEGE at least half-time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program.

Full Name	Age	Relationship to Student	College

c. Other Member(s) (Include other people as part of your family only if):

- They lived with your parent(s) and received more than half their support from your parent(s) at the time you completed your student aid application.
- They will continue to get more than half their support from July 1, 2018 through June 30, 2019.

Please provide supporting documentation and notarized personal statement for other household members

Full Name	Age	Relationship to Student	Claimed on Parent's 2016 Taxes?	College

C. STUDENT & PARENTS TAX FORMS AND INCOME INFORMATION**DEPENDENT****Please read carefully** and follow the instructions below:

2016 Federal Tax filing status:

Parent(s): Already Filed or Will File Not Required to FileStudent: Already Filed or Will File Not Required to File**Federal Tax Filers:**Update your FAFSA tax information using the IRS Data Retrieval Tool in the FAFSA correction process. Florida State University will receive your updated tax information. Please ensure your FAFSA is **submitted (not saved)**.If you choose not to use the IRS Data Retrieval Tool, or if you do not meet the criteria to use the IRS Data Retrieval Tool, you will need to request a 2016 **Tax Return Transcript** from the IRS and submit it to the Office of Financial Aid.**Non-Filers:**If you are not required to file, but earned income in 2016, complete a non-filer statement and attach your W2(s). "2018-2019 Non-Filer Statements" can be located at <http://financialaid.fsu.edu/forms>.**D. UNTAXED INCOME - Complete this section for both student and parent amounts. If not applicable put in Zero (0).**

2016	Parent	Student
Tax-deferred pension/savings (paid directly to or withheld from earnings, such as 401k and 403b plan): W2, BOX 12 a-d CODE: D,E,F,G,H,S: (when looking at the W2, only include codes listed above)	\$ _____ (Annually)	\$ _____ (Annually)
Child support Received:	\$ _____ (Annually)	\$ _____ (Annually)
Housing, Food, Other living allowances for military/clergy:	\$ _____ (Annually)	\$ _____ (Annually)
Veteran's Non-educational benefits (disability, Death Pension, DIC):	\$ _____ (Annually)	\$ _____ (Annually)
Other Untaxed Income Not Reported (Worker's comp, disability, etc.):	\$ _____ (Annually)	\$ _____ (Annually)
Money received or paid on your behalf not reported elsewhere (paid by other than custodial parent):	\$ N/A (Annually)	\$ _____ (Annually)

E. SIGN THIS WORKSHEET**By signing this worksheet, we certify that all the information reported to qualify for Federal student aid is complete and correct. We also acknowledge that verification may result in a change in my current award package. At least one parent must sign.**_____
Student Signature_____
Date_____
Parent Signature_____
DateFlorida State University's Use of Social Security Number policy is available at http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306

Phone: 850-644-0539 Fax: 850-644-6404 Email: OFACS@admin.fsu.eduwww.financialaid.fsu.edu

Revised 11/30/2017

Verification Group(s):
V1, V5, V6