

# 2019–2020 Verification Form

## SECTION A: DIRECTIONS TO FOLLOW

Your financial aid application has been selected for the federal verification process. You are required to complete this form and submit the required tax documents to Financial Aid Services. Use a copy of your Free Application for Federal Student Aid (FAFSA) application or your 2019-2020 Student Aid Report as a reference in answering the questions on this Verification Form. **In general, if you were required to provide parent data to complete the FAFSA, you must complete the PARENT sections of this form.**

## Section B: Student Demographic Information

Name: \_\_\_\_\_ USF ID # or SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Email Address: \_\_\_\_\_

## Section C: Family Household Information

List all people who will live in your or your parent(s)' household and **receive over 50 percent support** during the period July 1, 2019 through June 30, 2020. Please state below the name, relationship to you (i.e., mother, father, brother) and age of the person. If the person will be attending a college or university on at least a 1/2-time basis as a degree-seeking student, list the name of the institution that person will be attending. **Dependent students: include your parents and those people supported by and living with your parent(s).** **Independent students: include those people supported by and living with you (and your spouse).**

NAME	RELATIONSHIP TO YOU	AGE	COLLEGE/UNIVERSITY FAMILY MEMBER WILL ATTEND
USF Student:	Self		University of St. Francis
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Section E: Federal Tax Filing Status

### STUDENT (and SPOUSE) (Check which box applies)

- I/We have filed a 2017 IRS Form 1040, 1040A or 1040EZ and understand that a Federal IRS Income Tax Transcript must be requested to provide to Financial Aid Services.
- I/We will not file and are not required to file a 2017 IRS Form 1040, 1040A or 1040EZ.

If you worked, **but were not required to file a 2017 federal tax return**, list your employer(s) and the amount of income earned by you and your spouse (if applicable) during 2017.

Employer	Amount
_____	\$ _____
_____	\$ _____

### YOUR PARENT(S) (Check which box applies)

- My parent(s) have filed a 2017 IRS Form 1040, 1040A or 1040EZ and understand that a Federal IRS Income Tax Transcript must be requested to provide to Financial Aid Services.
- My parent(s) will not file and are not required to file a 2017 IRS Form 1040, 1040A or 1040EZ.

If your parent(s) worked, **but were not required to file a 2017 federal tax return**, list the employer(s) and the amount of income earned by your parent(s) during 2017.

Employer	Amount
_____	\$ _____
_____	\$ _____

## Section F: Income Exclusions

<b>STUDENT (and SPOUSE)</b>	<i>Do not leave any items blank. If the item is zero (0), write or indicate a zero (0).</i>	<b>YOUR PARENT(S)</b>
\$ _____	Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040-line 50 or 1040A-line 33.	\$ _____
\$ _____	Child support paid by you (your spouse) or your parents because of divorce or separation. Do not list support for a child residing in your household.	\$ _____
\$ _____	Taxable earnings from Federal College Work-Study or other need-based employment positions of fellowships or assistantships.	\$ _____
\$ _____	Student grant, scholarship, and fellowship aid, (including AmeriCorps awards) that was reported to the IRS in the Adjusted Gross Income on the 2017 tax form.	\$ _____
\$ _____	Taxable Combat pay or special combat pay reported to the IRS in the Adjusted Gross Income on the 2017 tax form.	\$ _____
\$ _____	Earnings from work under a Cooperative Education Program offered by a college or university.	\$ _____
\$ _____ <b>TOTAL</b>		<b>TOTAL</b> \$ _____

## Section G: Untaxed Income Information

<b>STUDENT (and SPOUSE)</b>	<i>Do not leave any items blank. If the item is zero (0), write or indicate a zero (0).</i>	<b>YOUR PARENT(S)</b>
\$ _____	Payments to tax-deferred pension/savings plans (paid directly or withheld from earnings). Includes, but not limited to, amounts reported on the W2 Form in boxes 12a-12d, codes D, E, F, G, H, & S) and untaxed portions of 401(k) and 403(b) plans.	\$ _____
\$ _____	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans.	\$ _____
\$ _____	Child support received for all children. <i>(Not foster care or adoption payments)</i>	\$ _____
\$ _____	Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.	\$ _____
\$ _____	Untaxed portions of IRA distributions and/or Pensions from IRS form 1040 or 1040A. <b>If the distribution was a Rollover, check this box:</b> <input type="checkbox"/>	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, and others.	\$ _____
\$ _____	Veterans non-educational benefits, such as Disability, Death Pension, DIC or Workstudy allowances.	\$ _____
\$ _____	Other untaxed income not reported elsewhere such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25.	\$ _____
\$ _____	Money received, or paid on your behalf (e.g, bills), not reported elsewhere.	\$ _____
\$ _____ <b>TOTAL</b>		<b>TOTAL</b> \$ _____

## Section H: Certification Statement

I/We hereby certify that all of the information provided on this USF Verification Form is true and correct to the best of my/our knowledge and that all forms of income for our family household has been reported. I/We understand that the information provided on this form will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I/We allow the financial information provided for this applicant to be discussed with all parties for which data was required to complete the application. I, the student, further certify that I have received my high school diploma or G.E.D. certificate and that I will be enrolled in a degree-seeking program at USF. I realize that my eligibility for financial assistance is not finalized until all requested verification documents have been received and reviewed by Financial Aid Services. I, the student, realize that I must report any changes in enrollment status or living arrangements to Financial Aid Services immediately.

\_\_\_\_\_  
Student Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please return this completed  
and required tax documents to:

**Financial Aid Services**  
**University of St. Francis**  
**500 Wilcox St.**  
**Joliet, IL 60435**

**Fax number: (815) 740-3822**  
**Toll free: (866) 890-8331**  
**Office e-mail: [finaid@stfrancis.edu](mailto:finaid@stfrancis.edu)**

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