

# 09-10



Office of Student Financial Aid  
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## Dependent Verification Form

Student First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ 991- \_\_\_\_\_  
ID Number \_\_\_\_\_

**The data below is needed to confirm answers you gave to key questions on the FAFSA. We will compare these answers to those on your aid application. We will correct your FAFSA with the government if anything differs. It is very important that the answers below and on the Dependent FAFSA Worksheet on the reverse side are accurate. Take great care in answering these questions. Contact a financial aid counselor if you need clarification.**

### 1. Carefully complete the chart below by listing:

- ▶ Yourself and your parent(s) who had to complete their information on your FAFSA application
- ▶ Your parent's other children, even if they don't live with your parent(s), *IF* your parents will provide more than half of their support from July 1, 2009 through June 30, 2010, OR the children would be required to provide parental information if they applied for financial aid
- ▶ And any others your parents will support more than 50% from July 1, 2009 through June 30, 2010. Attach an additional sheet if there are more than eight people in your household.
- ▶ For anyone listed who will be pursuing a college degree half-time or more (this is usually 6 credit hours or more), list the name of the college they will be attending.

Family Member Full Name	Age	Relationship	College (if attending ½-time or more)
		Self	Indiana State University

### 2. Attach signed copies of the 2008 Federal tax returns for you and your parents.

• If you and/or your parents did not file Federal taxes, complete the information below:

I will not file and is not required to file a 2008 federal tax return.  
Enter your total 2008 Student Earnings: \$ \_\_\_\_\_

My parents will not file and are not required to file a 2008 federal tax return.  
Enter the total 2008 Parents Earnings: \$ \_\_\_\_\_

### 3. Complete the Dependent FAFSA Worksheet on page 2 of this form.

## Dependent FAFSA Worksheet

Student First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ 991- \_\_\_\_\_  
ID Number \_\_\_\_\_

**Answer all the questions below with total amounts received in 2008 for you and your parents. The form will be returned as incomplete if any “\$” box is left blank.**

Student	Additional Financial Aid Information	Parent
\$	Child support <b>paid</b> as a legal requirement for children <b>not</b> reported in the household.	\$
\$	Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portion of fellowships and assistantships.	\$
\$	Student grants, scholarships or AmeriCorps funds reported to the IRS in your adjusted gross income.	\$
\$	Taxable combat pay or special combat pay included in the adjusted gross income. Do not enter the untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$
<b>Untaxed Income</b>		
\$	Payments to tax-deferred pension & savings plans including, but not limited to, amounts reported on the W-2 Form in boxes 12a-12d, codes D, E, F, G, H and S.	\$
\$	Child support you <b>received</b> for all children. <i>Do not include foster care or adoption payments.</i>	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits).	\$
\$	Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation, and/or VA Educational Work-Study allowances.	\$
\$	Any other untaxed income or benefits not reported above, such as workers' compensation, disability, etc  <b>Don't include:</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplementary Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received or paid on your behalf not reported elsewhere on this form.	XXXXXXXX

**4.** Sign below affirming that all of the information above and on page 1 is complete and correct.

\_\_\_\_\_  
Student Signature (required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required)

\_\_\_\_\_  
Date