

10-11



Office of Student Financial Aid
150 Tirey Hall, Terre Haute, IN 47809
Phone: (812) 237-2215 or (800) 841-4744
Fax: (812) 237-4330 or (812) 237-3925
Email: ISU-finaid@mail.indstate.edu
Web: www.indstate.edu/finaid

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 and
- ▶ your parents' 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, 2010 through June 30, 2011, OR the children would be required to provide parental information when they applied for financial aid, and
- ▶ other people if they now live with your parents and your parents provide more than 50% of their support and will continue to provide more than 50% of their support from July 1, 2010 through June 30, 2011. Attach an additional sheet if there are more than eight people in your household.
- ▶ anyone listed in the household 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 2009 Federal tax returns for you and your parents.

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

Check here if you will not file and are not required to file a 2009 federal tax return.
Enter your total 2009 Student Earnings: \$ _____

Check here if your parent(s) will not file and are not required to file a 2009 federal tax return.
Enter the total 2009 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 2009 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 paid as a legal requirement for children not 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 grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments, as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only include the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q).	\$
\$	Earnings from work under a cooperative education program offered by a college.	\$
Untaxed Income		
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in boxes 12a-12d, codes D, E, F, G, H and S.	\$
\$	Child support you received for any of your children. Don't include foster care or adoption payments.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans' noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Any other untaxed income or benefits not reported above, such as workers' compensation, disability, etc Don't include: student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplementary Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay (if you are not a tax filer), 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.	XXXXXXX

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

Student Signature (required) _____ Date _____ Parent Signature (required) _____ Date _____