



UMES ID: \_\_\_\_\_

# 2016-2017 DEPENDENT Verification Worksheet

To receive Federal Financial Aid you are required to verify the information you reported on your FAFSA application for student financial aid. Please read the instructions and answer **ALL** the questions carefully.

Return this form by mail, fax or hand deliver to: **University of Maryland Eastern Shore, Office of Student Financial Aid**  
(UMES address and contact information located at the bottom of this form)

## A. Student Information (Please Print)

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## B. Family Household Information

List the people in your parents' household, they include the following:

- **yourself**
- **your parent(s)**--biological/adoptive/stepparent--do not include legal guardian(s) or foster parent(s)  
\* If your parent is legally married or remarried (this includes same-sex as well as opposite-sex couples) include your parent **and** your parent's current spouse.  
\* If your parents **live together but are not legally married**, you must list both of them on this form and provide income information for both of them on the FAFSA and to the Financial Aid Office.
- **your parents' other children**, if (a) your parents provide more than half of their support from July 1, 2016 through June 30, 2017 **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid. **Include all children who meet either of these standards even if the children do not live with the parents.**
- **other people** IF they now live with your parents, AND your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Full Names of all Household Members (see above)	Age	Relationship to Student	Enrolled in College for 2016-2017?	Name of College - student MUST meet ALL of the following: *attending at least half-time, *in a school that's eligible to participate in Title IV programs, *enrolled in a degree-seeking/certificate program for 2016-2017
		SELF	YES	University of Maryland Eastern Shore

### C. Student's Income Information

**DEPENDENT**

UMES ID: \_\_\_\_\_

1. **I will file or have already filed** a 2015 U.S. Income Tax Return.\* (check box, submit \* items listed below, continue to number 2)  
 \* Submit IRS tax information by using the IRS Data Retrieval Tool, or by obtaining official IRS copies of your 2015 tax return transcript  
 \* Submit copies of all 2015 W-2(s) and/or self employment earnings statement(s) (IRS 1040 Schedule C)
- I will not file and am not required to file** a 2015 U.S. Income Tax Return. (check box, select a, b, or c, then go to number 2)
- a. I was not employed in 2015.  
 b. I was employed in 2015. **You are required to attach all W-2's to this document.**  
 c. I was employed in 2015 and was not issued a W-2(s). Please explain why you do not have a W-2(s).  
 Explanation: \_\_\_\_\_ Amount of income received: \$ \_\_\_\_\_

2. Other Untaxed Income Amounts Received. **If none, put a "0" in 2015 Total column.** (complete, then go to number 3)

Amount of Untaxed Income Received	2015 Total	Other Sources of Untaxed Income	2015 Total
Pre-tax retirement savings: W-2 form(s) Boxes 12a-12d, codes D,E,F,G,H, and S --do not include code DD	\$ _____		\$ _____
Support received by student from their non-custodial parent (do not include child support amount paid to the custodial parent)	\$ _____		\$ _____

3. **I did NOT** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.  
**I did receive** Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.\*\*  
**\*\*You are required to attach documentation from the agency that issues the benefit.**

### D. Parent(s) Income Information

1. **I will file or have already filed** a 2015 U.S. Income Tax Return.\* (check box, submit \* items listed below, continue to number 2)  
 \* Submit IRS tax information by using the IRS Data Retrieval Tool, or by obtaining official IRS copies of your 2015 tax return transcript  
 \* Submit copies of all 2015 W-2(s) and/or self employment earnings statement(s) (IRS 1040 Schedule C)
- I will not file and am not required to file** a 2015 U.S. Income Tax Return. (check box, answer a, b, or c, then go to number 2)
- a. I was not employed in 2015.  
 b. I was employed in 2015. **You are required to attach all W-2's to this document.**  
 c. I was employed in 2015 and was not issued a W-2(s). Please explain why you do not have a W-2(s).  
 Explanation: \_\_\_\_\_ Amount of income received: \$ \_\_\_\_\_

2. Other Untaxed Income Amounts Received. **If none, put "0" in 2015 Total column.** (Once completed, go to number 3 & 4)

Amount of Untaxed Income Received	2015 Total	Other Sources of Untaxed Income	2015 Total
Pre-tax retirement savings: W-2 form(s) Boxes 12a-12d, codes D,E,F,G,H, and S --do not include code DD	\$ _____		\$ _____
Child Support received for ALL children listed as a Household Members(Section B) on this form	\$ _____		\$ _____

3. **I did NOT** receive Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.  
**I did receive** Supplemental Nutrition Assistance Program (SNAP) in 2014 or 2015.\*\*  
**\*\*You are required to attach documentation from the agency that issues the benefit.**

4. I/my spouse **did NOT pay/was not required to pay** child support in 2015.  
 I/my spouse **PAID** child support in 2015 because of a divorce or separation or as a result of a legal requirement.
- a. **The total amount** of child support paid in 2015 \$ \_\_\_\_\_ .  
 b. **The name(s) of the children** for whom child support was paid in 2015. \_\_\_\_\_  
 c. **The name and address** of the person to whom child support was paid. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Signature of person that *paid* the child support in 2015 \_\_\_\_\_

### E. Sign this Worksheet

By signing this worksheet, we certify that all of the information reported on this worksheet is complete and correct. At least one parent must sign.  
**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student signature Date

\_\_\_\_\_  
Parent signature Date