

UW-La Crosse Financial Aid
2008 – 09 Verification Worksheet For Dependent Students

FA2-08/9(1/08)D

Your financial aid application was selected for review in a process called “verification”. In this process, the Financial Aid Office will be comparing the information provided on this form and on your tax returns to the information you provided on your *Free Application for Federal Student Aid* (FAFSA). If there are any differences between your FAFSA information and your financial documents, your FAFSA data may be corrected.

Return this form as soon as possible to avoid delay in receiving your financial aid.

A. Student Information

Last name	First name	M.I.	Social Security #
Permanent Address (include apt. no.)			Date of Birth
City	State	ZIP Code	Phone number (including area code)

B. Family Information

List all the people in your parents’ household who will be supported by your parents between July 1, 2008 and June 30, 2009.

Be certain to include:

- Your parent(s) (include step parent) and yourself (even if you do not live with your parents).
- Your parents’ other children (if they will receive more than half their support from your parent(s) or are considered dependent students when they apply for federal financial aid). Don’t include children for whom child support is paid, nor foster children.
- 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, 2008 through June 30, 2009. Do not include foster children.

Relationship to Student	Name	Age	College Attending 2008-09 (at least half time)	Grade Level
<i>You (self)</i>			UW-La Crosse	
<i>Parent</i>				
<i>Parent</i>				
<i>Sibling(s)/Others</i>				

Use extra page if necessary to list family members.

C. Untaxed Income

List by source the amounts reported on FAFSA worksheets A and B. If an amount is “0” write “0”. **Do not leave any blanks.**

2007 Untaxed Income (Source)	Student (2007 total)	Parent(s) (2007 total)
Social Security payments received that were not taxed (Attach copy of statement if available)	\$	\$
Child Support Received (Do not include foster care or adoption payments) Date support will end:	\$	\$
Worker’s Compensation	\$	\$
Housing, Food, and Other Living Allowances (e.g. for Military & Clergy) (Attach copy of statement if available)	\$	\$
Payments to tax-deferred plans (Listed on W-2 forms, box 12a through 12d, codes D, E, F, G, H, and S)	\$	\$
Veterans Non-Educational Benefits	\$	\$
Welfare benefits received including Temporary Assistance for Needy Families (TANF) Don’t include food stamps or subsidized housing	\$	\$
Other	\$	\$

(OVER)

D. Income Exclusion

List by source the amounts reported on FAFSA worksheet C. If an amount is "0" write "0". **Do not leave any blanks.**

2007 Income Exclusion	Student (2007 total)	Parent(s) (2007 total)
Child support PAID out because of divorce or separation. (Provide names of children. Do NOT include support of children listed in Section A.)	\$ _____	Names of children receiving support: \$ _____ _____ _____
Taxable earnings from Federal Work Study	\$ _____	\$ _____
Student grant, scholarship, fellowship, and assistantship aid, (including AmeriCorps awards) that was reported to the IRS in your adjusted gross income on Federal tax form.	\$ _____	\$ _____

E. Tax Filing Status

Indicate your and your parent(s) 2007 tax filing status by checking the appropriate box.

Student	Parent(s)
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

*I have enclosed a signed copy of my 2007 federal tax form.
I have not and am not required to file a 2007 federal tax return.
(You must complete the chart below).*

If you have worked but were not required to file a 2007 federal income tax return, list below your employer(s) and any income received in 2007. Attach copies of W-2(s) from your employer(s), if available, to verify income reported below.

STUDENT Employer's Name or Source of income	Amount earned in 2007
TOTAL	\$ _____

PARENT Employer's Name or source of income	Amount earned in 2007
TOTAL	\$ _____

F. Sign This Worksheet

I certify that all information reported to qualify for federal student aid is complete and correct.

Student Signature Date

Parent Signature Date

Mail this signed form and tax returns to:

UW La Crosse Financial Aid Office
1725 State St
La Crosse, WI 54601

Telephone 608 785-8604
Fax # 608 785-8843
e-mail: finaid@uwlax.edu
www.uwlax.edu/finaid

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.