



UNIVERSITY OF  
NOTRE DAME

OFFICE OF STUDENT FINANCIAL SERVICES  
FINANCIAL AID  
115 Main Building, Notre Dame, IN 46556-5602  
tel (574)631-6436 fax (574)631-6899  
faforms@nd.edu http://financialaid.nd.edu

**VERIFICATION WORKSHEET  
INDEPENDENT STUDENT**

Student's Name \_\_\_\_\_ NDId \_\_\_\_\_  
Last First

**STEP 1 - Household Information**

In the chart below include:

- Yourself
- Your spouse (if you were married)
- Your dependent children if you will provide more than half of their support from July 1, 2016 through June 30, 2017
- Other people only if they live with you and you provide more than half of their support and will continue to do so from July 1, 2016 through June 30, 2017

Full Name	Age	Relationship	Name of College	Undergrad/ Graduate	Half-time/ Full-time	Expected Grad Date
		<i>Self</i>				

**STEP 2 - Student's Tax Filing Status – Calendar Year 2015**

Have you filed or will you be required to file a 2015 U.S. federal income tax return?

- 1. Yes. I have used the IRS Data Retrieval Tool in *FAFSA on the Web* to transfer my (and my spouse's) 2015 IRS income information into my FAFSA. Continue to STEP 3.
- 2. I have attached a signed copy of my (and my spouse's) 2015 IRS Federal Income Tax Return or a 2015 IRS Tax Return Transcript. Continue to STEP3.
- 3. I (and my spouse) will not file and am not required to file a 2015 Federal Income Tax Return with the IRS. I have attached a copy of all my (and my spouse's) earning statements and W-2 forms for 2015 (if applicable). Continue to STEP3.

**STEP 3 – Other Income Information – Calendar Year 2015**

Please report all applicable income information for the student (and spouse) below for the calendar year 2015. Please indicate \$0 in any field that does not apply.

STUDENT (AND SPOUSE)	
	Child support <b>PAID</b> to another household during 2015 (attach separate sheet if needed).
\$	Paid for _____ Paid to _____
\$	Paid for _____ Paid to _____
\$	Paid for _____ Paid to _____
\$	Child support you <b>RECEIVED</b> for all children in 2015. Do not include foster care or adoption payments.
\$	Payments to tax-deferred pension and retirement savings from Form(s) W-2 – Boxes 12a-12d with codes D, E, F, G, H, and S.
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from Form 1040 – line 28 + line 32.
\$	Tax exempt interest income from Form 1040 – line 8b (or 1040A – line 8b).
\$	Untaxed portions of (select one): ____ IRA distributions (Form 1040 – lines 15a minus 15b) and/or ____ pension/annuity distributions (Form 1040 – lines 16a minus 16b). Exclude rollovers.
\$	Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps) benefits – <i>please submit also, a copy of a letter or other documentation from the agency that issued the benefits your family received.</i>
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study, AmeriCorps, and need-based portions of fellowships and assistantships.
\$	Combat pay that was taxable and included in your adjusted gross income.
\$	Housing, food, and other living allowance paid to members of (select one): ____ military or ____ clergy (including cash payments and cash value of benefits) Do not include value of on-base housing or basic military allowance for housing.
\$	Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.
\$	Untaxed portions of health savings accounts from Form 1040 – line 25.
\$	Other untaxed income not reported elsewhere (e.g., workers’ compensation, disability, etc.). Please specify source: _____
\$	Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form.



I certify that all of the information reported on this worksheet is complete and correct. The student and student’s spouse must sign this worksheet.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Spouse Signature \_\_\_\_\_ Date \_\_\_\_\_