



UNIVERSITY OF
NOTRE DAME

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**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, 2017 through June 30, 2018
- 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, 2017 through June 30, 2018

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 – Tax Year 2015

Have you or are you 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 or attached a copy of my 2015 IRS Tax Return Transcript. Continue to STEP 3.
- 2. No, and I had no earnings from work. Continue to STEP 3.
- 3. No, but I had some earnings from work. Submit a copy of all 2015 earning statements (e.g., W-2 Forms, 1099-MISC) and the Student Non-Tax Filer's Statement (found at financialaid.nd.edu/applications-forms). Continue to STEP 3.

STEP 3 – Other Income Information – Tax Year 2015

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

STUDENT (AND SPOUSE)	
	Child support PAID 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 RECEIVED for all children in 2015. Do not include foster care or adoption payments.
\$	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.
\$	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. *Electronic signatures are not acceptable.*

Student Signature _____ Date _____

Spouse Signature _____ Date _____