

2017-2018 Institutional Verification Form

Student's Name	Phone_						
Student ID	t IDRegis E-Mail						
SECTION A: HOUSEHOLD SIZE	≣						
half of their financial sup provide parental informaOther people if they live	nt'); ildren, even if they do port from July 1, 201 ation when applying for the with your parent(s),	on't live with your parent(s), if (7, through June 30, 2018, or (b or Federal Student Aid, and;	(a) your parents will provide <i>more than</i> b) the children would be required to bre than half of their financial support and brough June 30, 2018.				
 Your dependent childred June 30, 2018. Other people if they live provide more than half of the people in the provide more than half of the people in the	nt'), and your spouse en , if you will provide es with you and you proof their support from J	e if you were married at the time more than half of their financial ovide more than half of their firmly 1, 2017, through June 30, 2019	ne the FAFSA was completed and; all support from July 1, 2017, through nancial support and will continue to 2018. Sollege at least half-time between July 1,				
2017, and June 30, 2018, and wi	ll be enrolled in a deg		ogram (dependent students should NOT				
include a college for your parents	<u>l.</u>						
Name	Age	Relationship to Student	College/University (if applicable)				
1.		Self					
2.							
3.							
4.							
5.							
6.							
7.							
☐ Check here if there are most SECTION B: NON-FILERS	ore than seven fami	ily members and attach a lis	t of these people to this form.				
Student (and Spouse, if application of the student (and spouse) of the student (Tax Return.				
Student's Parent(s) Check this	box if your parents prov	ided information on your FAFSA a	and will not file a 2015 Federal Tax Return.				

ALL NON-FILERS MUST COMPLETE SECTION C ON NEXT PAGE

I/We will not file and are not required to file a 2015 Federal Income Tax return.

Page 2: Institutional Verification Form

SECTION C: NON-FILERS - INCOME EARNED FROM WORK

ame of Non-Filor	Employer	201 <i>E</i> F	arningo	
	Employer _Employer_			
	ARNED INCOME MUST ATTACH W-2 FORM(S) O ORT PAID – As reported on question 44 and 93 of the 20		IGS STA	ATEMENTS
	Child Support Paid – 2015 Total Amount	Par	ents or	Student
Child support paid. DO NOT household (Section A).	include support for children in your (or your parents			\$
Name of the person who paid	d the child support:			
Name of the person to whom	the child support was paid:			
NAME of each child for whom	n child support was paid:			
ECTION E: UNTAXED INC	OME – As reported on questions 45 and 94 of the 2017-2			
	Untaxed Income – 2015 Total Amount	Par Sp	ents or oouse	Student
		Par Sı		Student \$
	Untaxed Income – 2015 Total Amount ally for all children. Don't include foster care or adoption p	Par Sp		
Child support received annu	Untaxed Income – 2015 Total Amount ally for all children. Don't include foster care or adoption p	Par Sp ayments.		\$
Child support received annu	Untaxed Income – 2015 Total Amount ally for all children. Don't include foster care or adoption p	Par Sp ayments.	oouse	\$
Child support received annu Other untaxed income and be	Untaxed Income – 2015 Total Amount ally for all children. Don't include foster care or adoption penefits. List sources:	Par Sp ayments.	oouse	\$ \$ Student
Child support received annu Other untaxed income and be	Untaxed Income – 2015 Total Amount ally for all children. Don't include foster care or adoption penefits. List sources:	ayments. \$ Parents or Spou	se	\$ \$ Student