

2020-2021 Institutional Verification Form
INDEPENDENT STUDENT

Student Name: _____

Regis Email: _____ Regis ID: _____

I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

Your financial aid application has been selected for *verification*. We are **REQUIRED** by federal regulation to collect this form and associated documentation before you can receive ANY federal, state or institutional aid. This form **MUST** be completed and turned in to the Office of Financial Aid with the appropriate documents attached. *Partial or incomplete documents will NOT be accepted.* This form **MUST** be received by our office at least **3 weeks prior to the end of the semester** that you are requesting financial aid consideration for.

Form Requirements:

- Please fill out this form legibly in **blue or black ink**. A computer-generated signature or an electronic signature will NOT be accepted.
- Answer all the questions on this form. If answer is zero or not applicable, **enter "0"**. If you leave any section blank with no answer, we will incomplete the document.
- If you and your *spouse are now separated or divorced* and *filed a joint tax return*, provide tax information and W2(s) for student information listed on the FAFSA.

Section I: Student 2018 Earnings and Tax Information

If you (the student):	Do one of the following:
Filed a 2018 Federal IRS Tax Return ➔	Transfer IRS Income Tax information using the Data Retrieval Tool on FAFSA at www.fafsa.gov ; OR Submit a signed copy of your 2018 Federal Tax Return, including all Schedules filed; OR Submit a 2018 IRS Tax Return Transcript. You can request a transcript at: https://www.irs.gov/individuals/get-transcript
Had zero income and were not required to file a 2018 Federal IRS Tax Return ➔	Check the box: <input type="checkbox"/> I (the student), was not employed and had no income earned from work in 2018.
Earned income and but were not required to file a 2018 Federal IRS Tax Return ➔	Check the box: <input type="checkbox"/> I (the student), was employed in 2018 but did not file a federal tax return and have attached copies of all 2018 W-2 and/or 1099 Forms.
Filed a 2018 Amended Tax Return ➔	Provide a signed copy of 2018 1040X Amended Tax Return *AND* a signed copy of 2018 Income Tax Return, including all Schedules filed *OR* 2018 Federal Tax Return Transcript.

Section II: Spouse 2018 Earnings and Tax Information

If your spouse:	Do one of the following:
Filed a 2018 Federal IRS Tax Return ➔	Transfer IRS Income Tax information using the Data Retrieval Tool on FAFSA at www.fafsa.gov ; OR Submit a signed copy of your 2018 Federal Tax Return, including all Schedules filed; OR Submit a 2018 IRS Tax Return Transcript. You can request a transcript at: https://www.irs.gov/individuals/get-transcript
Had zero income and was not required to file a 2018 Federal IRS Tax Return ➔	Submit a 2018 IRS Verification of Non-Filing Letter. You can request the letter here: https://www.irs.gov/individuals/get-transcript
Earned income and but was not required to file a 2018 Federal IRS Tax Return ➔	<ul style="list-style-type: none"> • Attach copies of all 2018 W-2 and/or 1099 Forms. • Submit a 2018 IRS Verification of Non-Filing Letter. You can request the letter here: https://www.irs.gov/individuals/get-transcript
Filed a 2018 Amended Tax Return ➔	Provide a signed copy of 2018 1040X Amended Tax Return *AND* a signed copy of 2018 Income Tax Return, including all Schedules filed *OR* 2018 IRS Tax Return Transcript.

Section III: 2018 Taxable Financial Aid Information

If section left blank, we assume "0"

Did you or your spouse earn Federal or State need based work-study? If you list an amount, the applicable **2018 W2(s)** MUST be provided. Regis Work Study employees may obtain their W-2 by contacting HR directly at hrinfo@regis.edu.

Student Amount: \$ _____ Spouse Amount: \$ _____

Did you report grant/scholarships on your tax return? If amount is listed, a copy of your **2018 W-2(s)** AND a signed copy of your **2018 Income Tax Return** MUST be provided with “SCH” indicated on the wages line even if you did the IRS Data Retrieval. If you do not submit the **2018 Federal Income Tax Return**, our office will assume “0”.

Student Amount: \$ _____ Spouse Amount: \$ _____

Did you report education tax credits on your tax return (Schedule 3, line 50)? If amount is listed, a signed copy of your **2018 Income Tax Return** including Schedule 3 *OR* a copy of your **2018 IRS Tax Return Transcript** MUST be provided.

Student Amount: \$ _____ Spouse Amount: \$ _____

Section IV: Student 2018 Untaxed Income Information

If answer is zero or not applicable, enter “0”.

Income Type	Student
Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Do not include code DD.	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS 1040 – line 28 + 32 (Schedule 1).	\$
Untaxed portions of IRA distributions from IRS Form 1040 – line [4a minus 4b]. Exclude rollovers. (If negative, enter 0).	\$
Untaxed portions of pensions from IRS Form 1040 – line [4a minus 4b]. Exclude rollovers. (If negative, enter 0).	\$
Child support received for any of your children. Do not include foster care or adoption payments. Source: _____	\$
Veterans non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Benefit Type: _____ Source: _____	\$
Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. Benefit Type: _____ Source: _____	\$
Other untaxed income not yet reported including worker’s compensation, disability, money or assistance from family or friends, etc. Also include the portions of health savings accounts from IRS Form 1040 – line 25 (Schedule 1). (Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplementary Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (i.e. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels). Benefit Type: _____ Source: _____	\$

Section V: Spouse 2018 Untaxed Income Information

If answer is zero or not applicable, enter "0".

Income Type	Spouse
Payments to tax deferred pension and savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Do not include code DD.	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS 1040 – line 28 + 32 (Schedule 1).	\$
Untaxed portions of IRA distributions from IRS Form 1040 – line [4a minus 4b]. Exclude rollovers. (If negative, enter 0).	\$
Untaxed portions of pensions from IRS Form 1040 – line [4a minus 4b]. Exclude rollovers. (If negative, enter 0).	\$
Child support received for any of your children. Do not include foster care or adoption payments. Source: _____	\$
Veterans non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. Benefit Type: _____ Source: _____	\$
Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. Benefit Type: _____ Source: _____	\$
Other untaxed income not yet reported including worker's compensation, disability, money or assistance from family or friends, etc. Also include the portions of health savings accounts from IRS Form 1040 – line 25 (Schedule 1). (Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplementary Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (i.e. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels). Benefit Type: _____ Source: _____	\$

Section VI: Household Information

Include in your household:

- **Yourself**
- **Your spouse** – If you are *currently married/remarried*. Married same-sex couples must report themselves as *married* and list both in the household.
- **Your children** – If you will provide more than half of their support from July 1, 2020 and June 30, 2021. If you are paying child support, do not list that child in the household size. You should **NOT** report foster children.
- **Other people** – If other people currently live with you and you provide (*and will continue to provide*) **more than half of their support** between July 1, 2020 and June 30, 2021, list other people in the household and fill out the *Other People* section of this form. **Documentation of support may be requested. Not providing this information WILL exclude this person from being included in the household size.**
- Include the name of the college for any household member who will be attending college at least half-time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program.

List your CURRENT marital status:

Single Married Remarried Other: _____

List Household Members	Age	Relationship to Student (i.e. spouse, child, etc.)	Enrolled in College at Least Half-Time	Name of College/University
1.				
2.				
3.				
4.				
5.				
6.				
7.				

If your response is longer than space given, please attach an additional sheet of paper with your information.

Section VII: Child Support Paid

Did you or your spouse pay child support for child(ren) **NOT** living in the household during 2018?

Yes No

Child(ren)'s Names:

Total Paid in 2018:

\$ _____
\$ _____
\$ _____

Name of person(s) to whom the child support was paid in 2018:

Documentation of child support paid may be requested.

OTHER PEOPLE:

If there are *other people/siblings and adults age 24 and over* living in the household, you **MUST** provide *documentation of support* for those included. Write a statement explaining the extenuating circumstances as to why you/your spouse are responsible for the individual(s) and in what way you/your spouse are supporting this person with: *food, shelter, and health insurance*. You are **REQUIRED** to report any *earnings or benefits* the individual received. You **MUST** explain why adults are **NOT** receiving income. If you do **NOT** provide the amount of benefits received in your statement, we will *incomplete* this form.

