



**UHCL - Office of Financial Aid**  
**2016-2017**  
**V5 - VERIFICATION WORKSHEET**

Your application was selected for review in a process called "verification." In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form. If there are differences between your application and the documents you submitted, corrections will be made. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible. Please monitor your UHCL email address for any correspondence from the Office of Student Financial Aid.**

**Instructions:**

- 1. Complete this form (black or blue ink ONLY) with the required signatures.**
- 2. Fax, bring, email or mail this completed form to the University of Houston-Clear Lake, Office of Student Financial Aid.**
- 3. Do not make any corrections to the FAFSA once you have submitted this form.**

**A. STUDENT INFORMATION:**

\_\_\_\_\_

*Last Name*                                      *First Name*                                      *M.I.*                                      *UHCL Student ID Number*

**B: FAMILY INFORMATION:**

An **Independent student** will be able to state at least one of the following to be true. Proof may be requested.

- You were born before January 1, 1993.
- You are admitted to a masters or doctoral degree granting program.
- You were married as of the day you filed the Free Application for Federal Student Aid.
- You have children for whom you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- You have dependents (other than your children or spouse) who live with you and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.
- You are or were, at any time since you turned age 13, a ward/dependent of the court or in foster care.
- You are or were an emancipated minor as determined by a court in your state of legal residence.
- You are or were in legal guardianship as determined by a court in your state of legal residence.
- You are a veteran of or currently serving on active duty (for purposes other than training) in the U.S. Armed Forces.
- You were on or after July 1, 2015, determined by a school or shelter official to be an unaccompanied youth who is homeless or self-supporting and at risk of being homeless.
- Both of your parents were deceased at any time since you turned 13.

**Check a box** based on the definition of an independent student as defined above and complete the grid below.

**DEPENDENT STUDENT:**

**List the people in your parent(s)' household. Include:**

- Yourself
- Your custodial parent(s) (include step-parent)
- Your custodial parent(s)' dependent children
- Other people only if they now live with your parents, and your parents provided more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

**INDEPENDENT STUDENT:**

**List the people in your household. Include:**

- Yourself
- Your spouse, if married
- Your dependent children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- Other people if they now live with you, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

FULL NAME	AGE	RELATIONSHIP	COLLEGE (Do not include parent)	Enrolled at least 1/2-time (Yes or No)
		SELF	University of Houston-Clear Lake	

State law requires that you be informed of the following: (1) with few exceptions, you are entitled on request to be informed about the information the University collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 559.004 of the Government Code, you are entitled to have the University correct information about you that is incorrect.

**C. STUDENT FEDERAL TAX RETURN and INCOME INFORMATION:**

**IMPORTANT:** Please read each statement and complete each section depending on which is most accurate. These questions pertain to the student only.

I (or my spouse) filed a 2015 U.S. Income Tax Return and have not/will not file an amendment.

Please choose one of the following:

I (or my spouse) have used or will use the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2015 IRS income information into the FAFSA once the 2015 IRS tax return has been filed.

I (or my spouse) am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, but will **submit** the 2015 IRS tax return transcript ([www.irs.gov](http://www.irs.gov)).

I (or my spouse) have not/will not file and are not required to file a 2015 U.S. Income Tax Return.

Please complete and submit the Student Non-Filer Form available at: [http://prt1.uhcl.edu/portal/page/portal/FAO/ONLINE\\_FORMS-SERVICES](http://prt1.uhcl.edu/portal/page/portal/FAO/ONLINE_FORMS-SERVICES)

**D: UNTAXED INCOME RECEIVED AND INCOME EXCLUSIONS From 2015:**

Student Information for Calendar Year 2015. Please check YES to the following if they apply to you (or your spouse if applicable).					
YES <input type="checkbox"/>	<b>1. I (or my spouse) paid child support in 2015 because of divorce or separation or as a result of a legal requirement. Do not include support for children in your (or your parents') household.</b>				
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Age of Child for Whom Support was Paid	Amount of Child Support Paid in 2015
					\$
					\$
YES <input type="checkbox"/>	<b>2. I or someone in my household received SNAP Benefits in 2014 or 2015.</b>				

**E: HIGH SCHOOL INFORMATION:**

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2016–2017:

- ✓ A copy of the student's high school diploma.
- ✓ A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- ✓ A copy of the student's General Educational Development (GED) certificate or GED transcript.
- ✓ A copy of the "secondary school leaving certificate" for students who completed secondary education in a foreign country.
- ✓ An original academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- ✓ If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- ✓ If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

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F: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

The student must appear in person at the University of Houston–Clear Lake to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

Please contact the Financial Aid Office by phone at 281-283-2480 to schedule an appointment to complete this section, or visit our office during business hours.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below:

**Identity and Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance

I may receive will only be used for educational purposes and to pay the cost of attending

\_\_\_\_\_ for 2016–2017.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)



If you are an Independent student, **STOP** here and proceed to section **I**  
If you are a Dependent student, proceed to section **G**

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G: PARENT FEDERAL TAX RETURN and INCOME INFORMATION:

**IMPORTANT:** Please read each statement and complete each section depending on which is most accurate. These questions pertain to the student only.

I (and my spouse) filed a 2015 U.S. Income Tax Return and have not/will not file an amendment.

Please choose one of the following:

I (and my spouse) have used or will use the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2015 IRS income information into the FAFSA once the 2015 IRS tax return has been filed.

I (and my spouse) am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, but will **submit** the 2015 IRS tax return transcript ([www.irs.gov](http://www.irs.gov)).

I (and my spouse) have not/will not file and am not required to file a 2015 U.S. Income Tax Return.

Please complete and submit the Parent Non-Filer Form available at: [http://prtl.uhcl.edu/portal/page/portal/FAO/ONLINE\\_FORMS-SERVICES](http://prtl.uhcl.edu/portal/page/portal/FAO/ONLINE_FORMS-SERVICES)

H: PARENT UNTAXED INCOME RECEIVED AND INCOME EXCLUSIONS From 2015:

Parent Information for Calendar Year 2015. Please read and complete each section if it applies to you.																				
YES <input type="checkbox"/>	<p><b>3. I (or my spouse) paid child support in 2015 because of divorce or separation or as a result of a legal requirement. Do not include support for children in your (or your parents') household.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Name of Person Who Paid Child Support</th> <th style="width: 20%;">Name of Person to Whom Child Support was Paid</th> <th style="width: 20%;">Name of Child for Whom Support was Paid</th> <th style="width: 20%;">Age of Child for Whom Support was Paid</th> <th style="width: 20%;">Amount of Child Support Paid in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>					Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Age of Child for Whom Support was Paid	Amount of Child Support Paid in 2015					\$					\$
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I. SIGN THIS WORKSHEET:

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. I understand that the Office of Financial Aid reserves the right to request additional information as needed. Furthermore, I understand that all completed information must be received two (2) weeks prior to the end of the semester for the semester I wish to receive aid in order to receive aid. If dependent, at least one parent must sign. **WARNING:** If you purposefully give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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

\_\_\_\_\_  
Parent/Step-parent Signature (**DEPENDENT Students ONLY**)

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