



UHCL - Office of Financial Aid
2016-2017
V6 - 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:

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>UHCL Student ID Number</i>

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 filed a 2015 U.S. Income Tax Return and have not/will not file an amendment.

Please choose one of the following:

- I 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 and submit a copy of the 2015 W-2's.
- I 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) and a copy of the 2015 W-2s.

I have not/will not file and am 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

D: UNTAXED INCOME RECEIVED AND INCOME EXCLUSIONS From 2015:

Student Information for Calendar Year 2015. Please select YES to the following if they apply to you (or your spouse if applicable).			
YES <input type="checkbox"/>	1. I (or my spouse) received child support in 2015 for the children in my household. Do not include: foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.		
	Name of Person Who Received Child Support	Name of Child for Whom Support was Paid	Amount of Child Support Received in 2015
			\$
			\$
			\$
YES <input type="checkbox"/>	2. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.		
	Name of Person who made the Payment	Annual Amount Paid in 2015	
		\$	
		\$	
		\$	
YES <input type="checkbox"/>	3. I (or my spouse) received housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and/or the cash value of benefits received) in 2015.		
	Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015
			\$
			\$
YES <input type="checkbox"/>	4. I (or my spouse) received Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance.		
	Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2015
			\$
			\$
YES <input type="checkbox"/>	5. List the amount of other untaxed income not reported and not excluded elsewhere on the form. Include untaxed income such as worker's compensation, disability, Black Lung benefits, untaxed portions of health savings accounts from IRS Form 1040- Line 25, Railroad Retirement Benefits, etc.		
	Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015
			\$
			\$

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.

YES <input type="checkbox"/>	<p>6. List any money received or paid on the student's behalf (e.g. payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information <u>was not</u> reported on the student's 2016-2017 FAFSA. Amounts also include any distributions to the student from a 529 plan owned by someone other than the student, such as student's parents, grandparents, aunts, and uncles of the student.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Money received:</th> <th style="width: 30%;">Name of Person Who Paid:</th> <th style="width: 40%;">Amount of Money Received in 2015:</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> </tbody> </table>	Money received:	Name of Person Who Paid:	Amount of Money Received in 2015:			\$			\$			\$
Money received:	Name of Person Who Paid:	Amount of Money Received in 2015:											
		\$											
		\$											
		\$											
YES <input type="checkbox"/>	<p>7. I or someone in my household received SNAP Benefits in 2014 or 2015.</p>												

E: CHILD SUPPORT PAID From 2015:

Student Information for Calendar Year 2015. Please select YES to the following if they apply to you (or your spouse if applicable).																									
YES <input type="checkbox"/>	<p>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.</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: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td style="text-align: center;">\$</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					\$					\$					\$
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																					
				\$																					
				\$																					
				\$																					



If you are an *Independent* student, **STOP** and complete section **I**
 If you are a *Dependent* student, complete sections **F, G, H and I**

F. 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 parent 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 and submit a copy of the 2015 w-2's.

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) and a copy of the 2015 W-2s.

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

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.

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

Parent Information for Calendar Year 2015. Please select YES to the following if they apply to you (or your spouse if applicable).														
<p>YES <input type="checkbox"/></p>	<p>1. I (or my spouse) received child support in 2015 for the children in my household. Do not include: foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Name of Person Who Received Child Support</th> <th style="width: 33%;">Name of Child for Whom Support was Paid</th> <th style="width: 34%;">Amount of Child Support Received in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Name of Person Who Received Child Support	Name of Child for Whom Support was Paid	Amount of Child Support Received in 2015			\$			\$			\$
Name of Person Who Received Child Support	Name of Child for Whom Support was Paid	Amount of Child Support Received in 2015												
		\$												
		\$												
		\$												
<p>YES <input type="checkbox"/></p>	<p>2. List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g. 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 40%;">Name of Person who made the Payment</th> <th style="width: 60%;">Annual Amount Paid in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Name of Person who made the Payment	Annual Amount Paid in 2015		\$		\$		\$				
Name of Person who made the Payment	Annual Amount Paid in 2015													
	\$													
	\$													
	\$													
<p>YES <input type="checkbox"/></p>	<p>3. I (or my spouse) received housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and/or the cash value of benefits received) in 2015.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Name of Recipient</th> <th style="width: 33%;">Type of Benefit Received</th> <th style="width: 34%;">Annual Amount of Benefits Received in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015			\$			\$			
Name of Recipient	Type of Benefit Received	Annual Amount of Benefits Received in 2015												
		\$												
		\$												
<p>YES <input type="checkbox"/></p>	<p>4. I (or my spouse) received Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowance.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Name of Recipient</th> <th style="width: 33%;">Type of Veterans Non-education Benefit</th> <th style="width: 34%;">Annual Amount of Benefits Received in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2015			\$			\$			
Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount of Benefits Received in 2015												
		\$												
		\$												
<p>YES <input type="checkbox"/></p>	<p>5. List the amount of other untaxed income not reported and not excluded elsewhere on the form. Include untaxed income such as worker's compensation, disability, Black Lung benefits, untaxed portions of health savings accounts from IRS Form 1040- Line 25, Railroad Retirement Benefits, etc.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 33%;">Name of Recipient</th> <th style="width: 33%;">Type of Other Untaxed Income</th> <th style="width: 34%;">Annual Amount of Other Untaxed Income Received in 2015</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> <tr> <td> </td> <td> </td> <td style="text-align: right;">\$</td> </tr> </tbody> </table>		Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015			\$			\$			
Name of Recipient	Type of Other Untaxed Income	Annual Amount of Other Untaxed Income Received in 2015												
		\$												
		\$												
<p>YES <input type="checkbox"/></p>	<p>6. I or someone in my household received SNAP Benefits in 2014 or 2015.</p>													

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.

H: PARENT CHILD SUPPORT PAID From 2015:

Parent Information for Calendar Year 2015. Please select YES to the following if they apply to you (or your spouse if applicable).					
YES <input type="checkbox"/>	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 household.				
	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
					\$
					\$
					\$

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**)

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.