WILLIAM PENN UNIVERSITY

2016-17 INDEPENDENT VERIFICATION WORKSHEET

Your 2016-17 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, William Penn University will compare your FAFSA with the information on this worksheet and any other required documents. If there are differences, your FAFSA information may need to be corrected. William Penn will make the corrections on your behalf.

You must complete and sign this worksheet, attach required documents, and submit to William Penn University. William Penn University may request additional information once the review process begins. If you have questions about verification, contact Ann Johnson at (800) 779-7366 option 2 or (641) 673-1184.

Send documentation by:

MAIL:

William Penn University
Office of Financial Aid
201 Trueblood Avenue
Oskaloosa , IA 52577
OR
FAX:
641-673-1115

OR **EMAIL:**

johnsona@wmpenn.edu

A. Student Information – Please Print

Last Name	First Name	M.I.	Social Security Number (Optional)		
Address (include apt. #)			 City	State	Zip Code
 Date of Birth	 E-mail Address		 Daytime Phone I	Number and /or Cell Num	ber (Include Area Cod

B. Family Information

Independent Students: List the people in your household; include (1) yourself, (2) your spouse if married (3 - 5) your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017 or if they would be required to provide your information when applying for federal student aid; and (6) any other people if they now live with you and you will provide more than half of their support from July 1, 2016 through June 30, 2017.

Also write the name of the college for any family member who will be attending college half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree diploma or certificate program.

Full Name	Age	Relationship	College	Will be enrolled at least half time. (yes or no)
1.		Student/Self		
2.		Spouse		
3.		Child		
4.		Child		
5.		Child		
6.		Other		

C. Tax Forms and Income Information **TAX FILERS**: Check the box for those people who filed a 2015 Federal Income Tax Return. □Student ☐Student's Spouse IF YOUR VERIFICATION LETTER IS REQUESTING A TAX TRANSCRIPT, the income tax information must come directly from the IRS. The attached instruction sheet gives a couple of options for obtaining the tax information. NON TAX FILERS: Check the box for those people who did not and are not required to file a 2015 Federal Income Tax Return. List below your employer(s) and any income received in 2015 (If given a W2 – must attach copy of the W2). □Student ☐Student's spouse Name of Employer Receive W2 Receive W2 Student Amount Spouse Amount (yes/no) (yes/no) Suzy's Auto Body Shop (example) \$2000.00 Yes D. SNAP Benefits — Calendar Year 2014 or 2015 In 2014or 2015 did you or anyone in your household (listed in section B) receive Supplemental Nutrition Assistance Program (SNAP)? (Program may also be referred to as food stamps or EBT Card.) \square YES \square NO E. Child Support Paid — Calendar Year 2014 Did you or your spouse pay child support because of divorce or separation during the calendar year 2015? (Do not include support for children included in household size in Section B). Amount of Child Name of Person who paid Child Name of person to whom Child Support Name and age of child for whom Child Support was paid. Support was paid Support paid in 2015 F. Certification and Signature h.

By signing this worksheet, I certify tha	t all the information r	eported on this worksheet is complet	te and correct.
Warning: If you purposely give false	or misleading inform	ation, you may be fined, be sentence	d to jail, or both
	O		,
Student's Name (Print Name)		Date of Birth	_
Student's Signature	Date		