

# WILLIAM PENN UNIVERSITY

## 2016-17 DEPENDENT 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 and your parent 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 Number and /or Cell Number (Include Area Code)

### B. Family Information

Dependent Students: List the people in your parent’s household; include (1) yourself, (2) - (3) your parent(s) you live with (include step-parent); (4) - (5) your parent’s other children, even if they don’t live with your parent(s), if your parents will provide more than half of their support from July 1, 2016 through June 30, 2017 or if they would be required to provide parental information when applying for federal student aid; and (6) any other people if they now live with your parent(s), and your parent(s) 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 excluding your parent(s), 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.		Parent 1 mother,father,stepparent		
3.		Parent 2 mother,father,stepparent		
4.		Sibling		
5.		Sibling		
6.		Other Describe Relationship		

## C. Tax Forms and Income Information

**TAX FILERS:** Check the box for those people who filed a 2015 Federal Income Tax Return.

Student                       Parent 1 (mother, father, stepparent)                       Parent 2 (mother, father, stepparent)



**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                       Parent/Stepparent                       Parent/Stepparent

Name of Employer	Student Amount	Receive W2 (yes/no)	Parent Amount	Receive W2 (yes/no)
<i>Suzy's Auto Body Shop (example)</i>	\$2000.00	Yes		

## D. SNAP Benefits – Calendar Year 2014 or 2015

In 2014 or 2015 did you, your parents or anyone in your parent's household (listed in section B) receive Supplemental Nutrition Assistance Program (SNAP) Benefits? (Program may also be referred to as food stamps or EBT Card.)

YES                       NO

## E. Child Support Paid – Calendar Year 2015

Did you or your parents 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)

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and age of child for whom Child Support was paid	Amount of Child Support Paid in 2015

## F. Certification and Signature

By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct.

**Warning:** If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student's Name (Print Name)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date