WILLIAM PENN UNIVERSITY

2018-19 DEPENDENT VERIFICATION WORKSHEET

Your 2018-19 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.	Last 4 digits of Social Security Number (Optional)		
Address (include apt. #)		City	State	Zip Code	
 Date of Birth	of Birth E-mail Address		 Daytime Phone N	Number and /or Cell Num	ber (Include Area C

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 stepparent); (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, 2018 through June 30, 2019 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, 2018 through June 30, 2019.

Also write the name of the college for any family member excluding your parent(s), who will be attending college at least half time between July 1, 2018 and June 30, 2019 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

Student's Signature

TAX FILERS: Check the line for the	ose people who filed a 2016 Federal Income Ta	ax Return.			
StudentParent 1 (r	StudentParent 1 (mother, father, stepparent)Parent 2 (mother, father, stepparent)				
mation must come directly from t taining the tax information.	ER IS REQUESTING A TAX RETURN TRAN he IRS. The attached instruction sheet gives	a couple of options fo			
	ne for those people who did not and are not require Tax Return.	juired to file a 2016			
Student	Name of Employer for student	Student Amount	Receive W2 (yes/no)		
	Suzy's Auto Body Shop (example)	\$2000.00	Yes		
1. List in the table above your employer	rs and any income received in 2016.				
2. Submit copies of all 2016 W2s to the F	inancial Aid Office				
Parent(s)	Name of Employer	Parent Amount	Receive W2 (yes/no)		
	Suzy's Auto Body Shop (example)	\$2000.00	Yes		
4506T. Be sure to check box 7 on the 450	Financial Aid Office. etter for each parent listed on the FAFSA to the finar 6T to request the confirmation of nonfiling letter for ng instructions on page 2 of the 4506T Form. You ma	each person on the FAFSA	Λ		
F. Certification and Signatu	ıre				
	the information reported on this worksheet is comp nisleading information, you may be fined, be senter				
Student's Name (Print Name)	Date of Birth				

Parent's Signature

Date

Date