

Office of Financial Aid

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Dover, DE 19901
302.857-6250
302.857.6251 (fax)
email: finaiddocs@desu.edu
website: desu.edu/financialaid



Full Name _____

ID Number _____

Non Filers Verification Form

Your FAFSA application has been selected for a review process called verification. In this process, Delaware State University (DSU) will compare your FAFSA with the information on this worksheet.

By law, we have the right to ask you for this information before awarding any federal financial aid. If there are differences between your FAFSA application and the required verification documents, your FAFSA will be corrected by the DSU Office of Financial Aid.

Submit this completed worksheet to DSU's Office of Financial Aid. **Make sure you submit all necessary documentation together with your Name and Identification number are at the top of each page, check all of the items submitted in Step Number 2, and place your (student) name and Identification number on the top of this document. Dependent students** - Include copies of **W2s** for any wages earned from work in 2015 for you and your parent(s). **Independent students** - Include copies of **W2s** for any wages earned from work in 2015 for you and your spouse (if you are married).

Keep in mind that all questions must be answered and all appropriate documentation must be submitted by the priority deadline of April 30, 2017. Incomplete verification worksheets and no supporting documentation will delay the processing of your award package. After all documentation is present and this application is completed, you can submit your documentation to the Office of Financial Aid at DSU.

Step 1-Student Information

D				
Last Name	First Name	SS#	ID#	Date of Birth
Permanent Mailing Address (include Apt #)		City	State	Zip
Home Phone (include area code)		Cell Phone (include area code)	E-mail Address	

Step 2-Family Information

Dependent Students enrolled at least HALF TIME, Include:

- Yourself
- Your parent(s) - include step parents
- Your parent(s)' other dependent children if your parent(s) will provide more than 1/2 of their support from 07/01/15 - 06/31/16, or the children would be required to provide parental information when completing the FAFSA
- Other people who currently live in your parent(s) household and your parent(s) will provide more than 1/2 of their support from

Independent Students enrolled at least HALF TIME, Include

- Yourself
 - Your spouse (if you are married)
 - Your children if you will provide more than 1/2 of their support from 07/01/15 - 06/31/16
 - Other people who currently live in your household and you will provide more than 1/2 of their support from 07/01/15 - 06/31/16
- * (To be independent, you must be able to answer "YES" to at least one FAFSA dependency status questions.)**

FULL NAME	AGE	RELATIONSHIP	COLLEGE/UNIVERSITY	WILL BE ENROLLED AT LEAST HALF TIME (YES or NO)
		Self	Delaware State University	Yes

Step 3-Verification of Non Filing Status

If you are independent, please submit a letter verifying your (with spouse/if married) non-filing status with the Internal Revenue Service (IRS) for 2015. If you are dependent, please submit a letter verifying yours and your parent(s) non-filing status with the Internal Revenue Service (IRS) for 2015. This letter must include your name, identification number, and must be signed and dated. Keep in mind, if the Office of Financial Aid at Delaware State University questions any of your claims of non filing status with the Internal Revenue Service (IRS), then the Office of Financial Aid at DSU may require you to submit a "Verification of Non-filing" from the IRS which verifies that you did not file a 2015 IRS income tax return. The request for "Verification of Non-filing" can be obtained by using [IRS Form 4506-T](#) and checking box #7.

IMPORTANT: According to the IRS, a response to the request for a "Verification of Non-filing" for the 2015 tax year may not be issued until after June

Step 4-Supplemental Nutrition Assistance Program Verification

Do you certify that a member of your household has received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2015 or 2016. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

Yes.

Make sure that you answer correctly. If the DSU's Office of Financial Aid deem necessary, you may be required to submit your official award letter (on official letterhead) from your respective state indicating your receipt of benefits. **Please include his/her name below** and proceed to Step 5.

No.

Proceed to Step 5.

Step 5-Yearly Income - 2015

All information reported is for the entire **year** of 2015. **DO NOT LEAVE ANY QUESTIONS BLANK.** Enter "N/A" if the question does not apply to you. If any additional information will not fit within the spaces provided, be sure to include it on a separate sheet of paper. If you receive any of the income listed below, please be sure to include any award letters or vouchers from your current state. If you were not required to file taxes but was employed during calendar year of 2015, please list it below.

Employer's Name for Student, Spouse, or Parent	2015 Amount Earned	IRS W-2 Provided?	Parent, Student or Spouse
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	Yes	parent

Untaxed Income

Student	Income/Resources (List Current Monthly Amounts)	Parent/Spouse
\$	Income from work (gross amount)	\$
\$	Unemployment or disability	\$
\$	Child Support Received	\$
\$	Social Security Benefits	\$
\$	TANF or Public Assistance	\$
\$	Subsidized housing income	\$
\$	Veteran Benefits (Non-educational)	\$
\$	Support from relatives/friends	\$

Name

ID Number

Step 5-Yearly Expenses

Student	Yearly Expenses (List Current Monthly Amounts)	Parent/Spouse
\$	Utilities (Gas, Water, Cable, Electric, Cell , Landline, Internet)	\$
\$	Food Expense (Not Food Stamps)	\$
\$	Rent/Mortgage	\$
\$	Trash Removal	\$
\$	Auto Payment/Auto Insurance	\$

Step 6-Explanation of Yearly Income and Expenses

Step 7-Certification

I certify that all information reported is complete and correct to the best of my ability, and that I have attached relevant documentation, if applicable. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

Signature of Student

Date

Signature of Parent /Spouse

Date