

FINANCIAL AID AND SCHOLARSHIPS
UNIVERSITY of CALIFORNIA • IRVINE

2017-2018 Independent Verification Worksheet

Complete and return this form with the required documentation to:

Office of Financial Aid and Scholarships
102 Aldrich Hall
Irvine, CA 92697-2825

Phone: 949-824-8262
Fax: 949-824-4876
www.ofas.uci.edu

Name: _____

UCI ID Number: _____

A. Information about Your Household Size & Family Members in College

1. List the people in your **household**, please include:
 - Yourself and your spouse, if married.
 - Your children
 - Your children for whom you provide more than half of their support **or** children who would be required to provide your information as parental data when applying for student aid. Do not include foster children.
 - Other members only if (a) they live with you **and** (b) you provide more than half of their support **and** (c) will continue to provide more than half of their support from July 1, 2017, through June 30, 2018.
 - College information for your spouse (if married) or any household member that will enroll in college at least half time during the 2017-2018 academic year **and** will be enrolled in a degree, diploma or certificate program.

Full Name (use separate sheet for additional members in household)	Relationship to the student	Born on or after January 1, 1994?	For family members who will enroll at least half-time in College in 2017-18*		
			Name of College	Degree pursuing	Year in college
	Self	XXXXX	UC Irvine		
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

* **Verification of college enrollment may be requested at a later date.** Please note that we will not consider college enrollment for (a) parents, (b) foster children, or (c) family members attending foreign colleges, military schools, non-financial aid recipient colleges or those enrolled in graduate/professional schools.

2. If any member of your household (listed above) is not your spouse or your child, please explain how and why your family is financially supporting this person:

B. Supplemental Information/Programs

1. **Dislocated Worker/Displaced Homemaker:** As of today, are either you or your spouse a dislocated worker? (A person is considered a dislocated worker if he/she meets one of the following conditions: (a) has lost his/her job, (b) has been laid off, (c) is receiving unemployment benefits due to layoff, (d) was self-employed but now is unemployed due to economic conditions or natural disasters or is a displaced homemaker.) *Verification may be requested.*

Student: Yes No Spouse: Yes No Not married

2. **Federal Benefits:** Indicate if you, your spouse or anyone in your household listed above, received benefits from any of the following federal programs in 2015 or 2016. *Verification may be requested.*

- | | |
|---|---|
| <input type="checkbox"/> Medicaid or Supplemental Security Income (SSI) | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants & Children (WIC) |
| <input type="checkbox"/> Free or Reduced Price School Lunch | |
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program – SNAP (food stamps) | |

C. Federal Income Tax Information

1. Check all applicable boxes below and provide the information requested.

Student's 2015 tax and income information (if married, include spouse's information)	
Did the student work or earn any income in <u>2015</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student's spouse work or earn any income in <u>2015</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not married
<input type="checkbox"/> Earned income in <u>2015</u> but did not file and was not required to file a <u>2015</u> federal tax return.	
\$ _____ Student's total earned in 2015.	
\$ _____ Spouse's total earned in 2015.	
<p>Submit a Confirmation of Non-Filing obtained from the IRS (dated on or after October 1, 2016) as proof that you did not file a 2015 federal income tax return. Instructions on how to obtain one are on our website (www.ofas.uci.edu). If you (and your spouse, if applicable) are unable to obtain this document, you must attach a signed statement confirming that you do not have a Social Security Number, Individual Taxpayer Identification Number, or Employer Identification Number.</p> <p>Also, please provide W-2 forms for all sources of income. For any sources of income for which you do <u>not</u> have a W-2, please attach a signed statement listing these sources of income, the amounts earned from each source and an explanation of why you are unable to provide a W-2 form for this source of income.</p>	
<input type="checkbox"/> Filed or will file a <u>2015</u> federal income tax return.	
<input type="checkbox"/> Filed or will file a <u>2015</u> foreign or Puerto Rican tax return	
<p>Attach a translated copy of your tax return transcript (if one is provided free of charge from the governing tax agency). Convert all figures to U.S. dollars.</p> <p>Otherwise, attach a signed and translated copy of your tax return. Convert all figures to U.S. dollars. ALSO, provide documentation that the governing tax agency charges a fee to obtain tax information.</p>	

2. Complete the sections below; include the total amounts from 1/1/15 through 12/31/15. If the answer is zero or the question does not apply enter \$0. **Do not leave any items blank. Incomplete forms will not be accepted and will delay the student's award.**

<u>2015 Additional Financial Information</u>			Student
			Total from 01/01/15 to 12/31/15
Taxable earnings from Federal Work-Study, awarded as part of your student financial aid package, or other need-based work programs (attach W-2 forms)			
Grant and scholarship amounts included as SCH on Line 7 on a 1040/1040a tax return). This includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.			
Combat pay or special combat pay included in your IRS 1040 adjusted gross income. Note: Do not enter untaxed combat pay. (attach W-2 forms)			
Earnings from work under a cooperative education program offered by a college.			
Child support paid because of divorce or separation. Do not include foster care or adoption payments.			
Full Name of Person who Paid Child Support	Full Name of Child for whom Support was Paid	Age of Child for whom Support was Paid	Full Name of Person to whom Support was Paid

<u>2015 Untaxed Income</u>		Student
		Total from 01/01/15 to 12/31/15
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), include amounts reported on the W-2 Form in Box 12a-12d codes D, E, F, G, H, and S. Do not include code DD.		
Child support received for all children. Do not include foster or adoption payments.		
Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.		
Veteran non-educational benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.		
Other untaxed income such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. Do not include Social Security benefits, Supplemental Security Income (SSI), on-base military housing or housing allowance; or combat pay. (explain):		
Money received, or paid on your behalf (e.g., bills) not reported elsewhere on this form.		

D. Student Asset Information

Use the value of your (and your spouse's, if applicable) assets as of the day you filed your original FAFSA/California Dream Application.

1. **Total cash, savings and checking account balances:** \$ _____

2. **Investments:** include trust funds, UTMA/UGMA Accounts, money market funds, mutual funds, certificates of deposit, stocks, bonds, commodities, and other securities. Include the value of all qualified education accounts such as Coverdell savings accounts, 529 college savings plans and refund value of 529 prepaid tuition plans. Do not include the value of life insurance and retirement plans (pension funds, annuities, non-education IRAs, etc.).
\$ _____

3. **Real Estate Investments:** *Do not include your primary residence.* Please list complete information for any other real estate you (and spouse if married) own (mobile homes, condos, duplexes, rental property, land, summer homes, etc.). Include an additional page if needed. Investment debt means only those debts that are related to the investments.

Real Estate Properties

Property Address #1: _____				
	street address	city	state	zip code
Purchase Date: _____	Purchase Price \$ _____	Unpaid Mortgage \$ _____	Market Value \$ _____	
Property Address #2: _____				
	street address	city	state	zip code
Purchase Date: _____	Purchase Price \$ _____	Unpaid Mortgage \$ _____	Market Value \$ _____	
Property Address #3: _____				
	street address	city	state	zip code
Purchase Date: _____	Purchase Price \$ _____	Unpaid Mortgage \$ _____	Market Value \$ _____	
Total Current Market Value of all Property \$ _____				
Total Debt of all Property \$ _____				

4. **Partnerships:** Please provide the following information from the 2015 Form 1065 U.S. Partnership Return, including information on Schedules K and L for each Partnership/Sub Chapter S Corporation listed on Schedule E of your 2015 federal tax return.

If more than one partnership is listed on the income tax form, list additional partnership(s) on a separate page indicating all requested information.

Partnerships

Partnership name: _____

Partnership market value (100%): \$ _____

Partnership debt (100%): \$ _____

Percentage of your share: _____%

Number of full-time employees: _____

Do you have controlling interest in the partnership? • Yes • No

Does your partnership involve real estate ownership? • Yes • No

If the partnership debt is greater than the values, please explain:

5. Businesses (including self-employment) and/or Investment Farms: Please state the nature of each business (product or service) and the value of each business as of the date your 2017-18 FAFSA/California Dream Application was completed. Include the value of the land, buildings, machinery, equipment, inventories, etc. Also indicate the debt on each business. Include only the present mortgage and related debts for which the business(es) are used as collateral. If the business is a farm and you reside there, you do not need to report the farm. Please use an additional sheet of paper if necessary.

Businesses

Business Name: _____
 Business Market Value (what is it worth today): \$ _____
 Business Debt (what is owed): \$ _____
 Number of full-time employees: _____
 Do you have controlling interest in the business? • Yes • No
 Does your business involve real estate ownership? • Yes • No
 If the business value is less than the unpaid business debt or if the business has been sold, please explain:

6. S Corporations: Please provide the following information from the 2015 Form 1120S US Income Tax Return for an S Corporation, including information from Schedules A to M and all K-1 schedules for each S Corporation listed on Schedule E of your (and spouse if married) 2015 federal tax return.

List additional Corporation(s) on a separate page indicating all requested information.

S Corporations

S Corporation Name: _____
 S Corporation Market Value (100%): \$ _____
 S Corporation Debt (100%): \$ _____
 Percentage of your share: _____%
 Number of full-time employees: _____
 Do you have controlling interest in the corporation? • Yes • No
 Does your S Corporation involve real estate ownership? • Yes • No

If the partnership debt is greater than the values, please explain:

E. Signatures: (Form must be signed by the student, spouse's signature is optional)

By signing this worksheet, I and my spouse (if married) certify that all the information reported to qualify for federal student aid is complete and correct. I also certify that I understand that the Office of Financial Aid may request additional information to verify information reported on this form.

 Student's Name (print): Last First Middle

 Signature

 Date

 Spouse's Name (print): Last First Middle

 Signature

 Date

The State of California requires that you be told the following: Federal student loans are available to most students regardless of income and provide a range of repayment options including income-based repayment plans and loan forgiveness benefits, which other education loans are not required to provide.