

A Ind Statement	
D#	Name

2017-2018 Independent Student Verification Form (Group V1)

Your FAFSA (Free Application for Federal Student Aid) has been selected under federal regulations for verification. The verification process will be conducted by SMU in accordance with the U. S. Dept. of Education's Verification Regulations (Title 34 CFR 668, Subpart E). Failure to complete verification will delay awarding and disbursement of funds to your student account. If any additional information is needed to resolve conflicting or unclear data, you will be notified by the SMU Financial Aid office.

Mail: SMU Financial Aid Division of Enrollment Services P. O. Box 750181, Dallas, TX 75275-0181		Email: FA.Verification@mail.smu.edu In person: at the Financial Aid Front Desk on the 1st floor of the Laura Lee Blanton Bldg.		
STEP 1: STUDENT INFORMATION				
Full Legal Name	SMU ID Number	Last 4 digits of SSN		
Home Address (number, street, city, state, zip code)	Student E-mail Address	Phone Number		

STEP 2: NUMBER IN HOUSEHOLD & NUMBER IN COLLEGE

In the table below, please list individuals living/residing in your household meeting FAFSA regulations below:

- Yourself
- Your spouse, if you are married.
- Your children or your spouse's children, if you or your spouse will <u>provide over 50% of their financial support</u> from now through June 30, 2018, even if the children do not live under the same roof as you.
- Any other people that live/reside with you (and your spouse if married), and <u>receive over 50% of their financial support</u> from you (and/or your spouse) from now through June 30, 2018.
- Under college/university/post-high school institution list any household member who will be enrolled at least as a half-time student from July 1, 2017 through June 30, 2018.

Full Name	Age	Relationship	2017-2018 College/Univ./Inst.
1.		Self	SMU
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

In nearly all cases, only the IRS Data Retrieval tool or Tax Return Transcript will be accepted for verification. Please review the criteria below; if any apply, you will be ineligible to use the Data Retrieval Tool:

- 1. Filed an amended 2015 tax return (IRS Form 1040X)
- 2. Filed a foreign or Puerto Rican 2015 tax return
- 3. Had a change in marital status after December 31st, 2015
- 4. You're married, but filed as "Head of Household" or "Married filing separately"
- 5. You selected "Unmarried, Living Together" on the FAFSA
- 6. Entered an invalid SSN on the FAFSA, or entered it as all 0's

To use Tool: go to <u>FAFSA.gov</u>, log in w/ your PIN. Generally, IRS Data is available 1-3 weeks if e-filed; 8-11 weeks otherwise (depends on balance owed & refund).

If you are ineligible or choose not to use the Data Retrieval Tool, you must request an IRS Tax Return Transcript: www.irs.gov/Individuals/Get-Transcripts or 800-908-9946. Send ALL pages, front and back. Save a copy for your records before sending to SMU.



Spouse Name (print) and Signature

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STEP 3: STUDENT and SPOUSE TAX INFO – <u>Select only one option</u> in either Section A or B that applies to your tax filing status and proceed to Step 4.

SECTION A. You filed taxes for the 2015 tax year, check only of OPTION 1 - IRS DATA RETRIEVAL TOOL I have already used the IRS Data Retrieval Tool for my (and m	one box from the option	s below and procee	ed to STEP 4.
_			
I have already used the IRS Data Retrieval Tool for my (and m			
I will make a FAFSA correction and use the IRS Data Retrieval		ix into.	
OPTION 2 - IRS TAX RETURN TRANSCRIPT My IRS Tax Return Transcript is attached (as well as my spous			
I have ordered an IRS Tax Return Transcript(s) and it is being	sent to sivio.		
OPTION 3 – AMENDED TAX RETURN I have filed an Amended Tax Return; my (and my spouse's if a l have filed an Amended Tax Return; my (and my spouse's if a SMU.		•	_
SECTION B. You did not meet requirements to file a 2015 tax	return according to IRS	ules, complete Opt	ion 1 or 2 and proceed to
STEP 4.	return decording to mo	uies, complete opt	ion I or I and proceed to
Option 1 – You earned wages in 2015 but didn't file taxes – Complete the t	able below AND attach all	2015 W-2's provided	to you:
Name of Employer or Source of Income	2015 Wages earned	W-2 provided?	W-2 Attached?
	\$		
	\$		
	\$		
STEP 4: RECEIPT OF SNAP BENEFITS Please certify below if someon Supplemental Nutrition Assistance Program, formerly known as Food States Step 5: CHILD SUPPORT PAID Please certify below if you or your sp	amps) in 2015 or 2016 <u>(cir</u>	someone outside of y	YES / NO
			YES / NO
If YES, please complete the fields below:	· · · · · ·	n 110) .	YES / NO
If YES, please complete the fields below: Name of the adult paying child support			YES / NO
		, 1101 .	YES / NO
Name of the adult paying child support	1.	<u>, 1107</u> .	YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid	1.		YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid	2.	<u>, 101</u> .	YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid			YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid	2. 3.		YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid Name and Age of the child(ren) for whom child support was paid	 2. 3. 4. 		YES / NO
Name of the adult paying child support Name of the adult to whom child support was paid Name and Age of the child(ren) for whom child support was paid The amount of child support paid	2. 3. 4. \$		YES / NO

Date