**Point University – Office of Financial Aid V1**

**2016-2017 Verification Instructions and Verification Worksheet Document**

**Federal Student Aid Programs**

**507 West 10th Street – West Point, GA 31833**

**Email:** [**student.assistance@point.edu**](mailto:student.assistance@point.edu)**; Phone: 706-385-1018; FAX: 706-645-9475**

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| --- | --- |
| Your application was selected by the U.S. Dept. of Education for review in a process called “verification”. In this process we are required by federal law (34 CFR, Part 668) to compare the information from your FAFSA application with the information provided on this form and with your 2015 federal tax return transcript (and your spouse’s if you are married, or parents’ if you are considered dependent for federal aid purposes). If there are differences between your FAFSA and your financial documents, we may need to make corrections to your FAFSA.  **\*\* We cannot process your financial aid until verification has been completed. Please provide all required documents as soon as possible.** | **What you should do:**  1. Complete and sign this worksheet (for dependent students, one parent must also sign).  2. Provide 2015 required tax information (see instructions attached how to obtain).  3. Provide any other documents requested in your email to our office. |

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Email Student’s Phone Number \*Parent Email \*Parent Phone Number

(For dependent student only) (For dependent student only)

**ITEM 1: Read. Check one box and follow the instructions to complete Item 2**

**You are considered Dependent if you were required to provide parent information on your FAFSA**

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| --- | --- |
| 🞎 **Dependent Students**: List the people in your parent(s)’ household for which your parent(s) will provide more than half of their support from July 1, 2016 to June 30, 2017. Also, please list the college name for any household member (excluding parents) who will be attending at least half time from July 1, 2016 to June 30, 2017.  Include:   * Yourself (**regardless of where you reside**). * Your parent(s), include stepparent, if remarried. * Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2016 to June 30, 2017 or if the child would be required to give parental information when completing the 2016-2017 FAFSA. * **Include other people as part of your household only if:**  they now live with your parent(s) **AND** your parent(s) provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2017. | 🞎 **Independent Students**: List the people in your household for which you or your spouse will provide more than half of their support from July 1, 2016 to June 30, 2017. Also, please list the college name for any household member who will be attending at least half time between July 1, 2016 and June 30, 2017.  Include:   * Yourself. * Your spouse, if married. * Your children if you or your spouse will provide more than half of their support from July 1, 2016 to June 30, 2017 or if the child would be required to give parental information when completing the 2016-2017 FAFSA. * **Include other people as part of your household only** **if**: they now live with you or your spouse **AND** you or your spouse provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2017. |

**ITEM 2: Household Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last Name (**include yourself in this list**) | Age | Relationship to student  (Parent, brother, sister, etc.) | Name of College attending between July 1, 2016-June 30, 2017 & enrolled 6 hrs. or more |
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Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEM 3a: Student’s Tax Filing Status – Calendar Year 2015**

Have you or will you (and/or spouse) be required to file a 2015 U.S. Federal Income Tax Return?

\_\_\_\_\_ YES, I/we have used or will use the FAFSA IRS Data Retrieval or provide a tax transcript (see attachment how to provide required tax information). **Please do not send copies of Tax Forms 1040, 1040A or 1040EZ to** **our office. We cannot accept them**.

\_\_\_\_\_ NO, but I/we had some earnings from work in 2015. **Please attach copies of W-2s / 1099s from each employer**.

\_\_\_\_\_ NO, and I/we had no earnings from work in 2015.

**ITEM 3b: Parent(s)’ Tax Filing Status – Calendar Year 2015**

Have your parent(s) filed or will they be required to file a 2015 U.S. Federal Income Tax Return?

\_\_\_\_\_ YES, I/we have used or will use the FAFSA IRS Data Retrieval or provide a tax transcript (see attachment how to provide required tax information). **Please do not send copies of Tax Forms 1040, 1040A or 1040EZ** **to our office. We cannot accept them**.

\_\_\_\_\_ NO, but I/we had some earnings from work in 2015. **Please attach copies of W-2s / 1099s from each employer**.

\_\_\_\_\_ NO, and I/we had no earnings from work in 2015.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEM 4: Other Information**

\_\_\_\_\_No one listed in the household under ITEM 2 received SNAP (food stamps) benefits in 2014 or 2015.

\_\_\_\_\_One of the persons listed in the household under ITEM 2 received SNAP (food stamps) benefits in 2014 or 2015.

Please list the member(s) of the household who received SNAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Note**: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEM 5: Additional Financial Information**

Did you or your parent(s) **pay** child support to another household in 2015?

\_\_\_\_\_ YES (if yes - complete table below) \_\_\_\_\_ NO

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Who Paid Child Support | Name of Child | Name of Person to Whom You Paid Child Support | Amount of Child Support Paid in 2015 |
|  |  |  |  |
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Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEM 6: SIGN THIS WORKSHEET**

*By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct.* ***WARNING****: If you purposely file false or misleading information on this form, you may be fined, be sentenced to jail, or both.*

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (Dependent Students Only) Date

***Submit documents by one of these ways***:

**1. Mail to**:

Point University

Office of Financial Aid

507 West 10th Street

West Point, GA 31833

or

**2. FAX**:

706-645-9475

or

**3. EMAIL**:

[student.assistance@point.edu](mailto:student.assistance@point.edu)

If you have questions please call us at: 706-385-1018

***\*\* We cannot process your financial aid until verification has been completed. Please provide all required documents as soon as possible.***

***\*\* Please note that processing may take longer during the peak period after all requested documents are received****.*

**Providing the Required Tax Information**

If you filed or are required to file 2015 taxes, you must provide information from the IRS in one of the following ways to our office. If you are a dependent student, this applies to you and your parent(s). If you are an independent student, this applies to you (and your spouse, if applicable).

***Federal regulations prevent us from accepting copies of Federal Tax Returns (1040, 1040A or 1040EZ) for verification purposes except in the case of an amended return or if your tax return is a foreign income tax return.***

If you did not use the IRS Data Retrieval when you filed the FAFSA, you can make a correction to your FAFSA approximately 1-2 weeks after the IRS accepts your tax return. If you cannot utilize the IRS Data Retrieval for any reason, we will require a 2015 Tax Return Transcript from the IRS. Please use the **Get Transcript by MAIL** feature at

**www.irs.gov/transcript**. You can also request one by calling the IRS automated number at 1-800-908-9946. Please order the Tax RETURN Transcript and not the Tax Account Transcript which we cannot use. Once you receive the Tax Return Transcript in the mail (approximately 5-10 days) send to our office a copy by mail, fax, or email. If you used the IRS Data Retrieval initially and then changed some of the data, you will need to provide us a copy of the Tax Return Transcript. If you or your parents owe the IRS, you may not be able to use the retrieval function or obtain a transcript until the IRS has received payment and processed the tax return.

**Amended Tax Returns** – Please send to our office a signed copy of the original 2015 tax return along with a signed copy of the 2015 1040X that was filed with the IRS.

**Non-filers** – If you will not file and are not required to file a 2015 Federal Tax Return, please provide copies of W-2 forms and any proof of income with the Verification Worksheet.

**Filing Extensions** – Please send to our office a copy of Form 4868, copies of your 2015 W-2 forms, and a signed statement certifying the amount of the AGI and U.S. tax paid for 2015.

**Identity Theft** – If you are unable to obtain an IRS Tax Return Transcript due to identity theft, please call 1-800-908-4490. You will be able to obtain an alternative document (TRDBV) that is acceptable for verification. We will also require a signed statement by the tax filer that they were a victim of IRS-related identity theft and that the IRS is aware of it.

Point University – Financial Aid Office

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