



2018-2019

Standard Verification Worksheet

4301 Broadway CPO 308
 San Antonio, Texas 78209
 Phone: (210) 829-6008
 Fax: (210) 283-5053
 www.uiw.edu/finaid
 finaid@uiwtx.edu

Independent Student

FVWI09

Your 2018-2019 FAFSA was selected for a review process called verification. Our office will confirm the household size and 2016 tax data reported on your 2018-2019 FAFSA. You are required to complete the verification process within 14 business days. **Please note, your need based financial aid cannot be disbursed until the verification process is complete.** Our office will complete the verification process within 10 business days once all required documentation has been received.

A. Student Information ****Use Black Ink Only**** *(Read the entire worksheet thoroughly for additional details.)*

Last Name	First Name	M.I.	Student ID
Phone Number <i>(include area code)</i>		Email	

B. Family Information

- List the people in your household including: **Yourself, Your spouse, Children, step-children, and legal dependents (define by IRS)**
- Do not list any individuals that you or your spouse pay child support for
- Include the name of the college for any household member, who will be enrolled at least half-time status (6 hours)

Full Name	Age	Relationship	College/University	Enrolled in 6+ Hours?
<i>Student</i>		SELF	UIW	<i>Yes</i>

C. Student Tax Forms and Income Information

Student 2016 Tax Information	
<u>Student</u> Check Here	At least one option must be selected by the student
	I had zero income and did not file a 2016 tax return, <u>attached is my non-filing letter from the IRS.</u>
	I was employed in 2016, but did not file taxes, <u>attached are my 2016 W2s and non-filing letter from IRS.</u>
	WORK STUDY: I was a work study in 2016, <u>and attached are my 2016 work study W2s.</u>
	I have utilized the DRT tool on my 2018-2019 FAFSA application.
	I will provide a copy of my 2016 Tax Return Transcript from the IRS.
	I will or have amended my 2016 tax return, <u>attached is a signed copy of my 1040X</u>
	I am a victim of identity theft.

Please note the Office of Financial Assistance may request additional information to complete verification.

D. Signatures **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.

Student Signature	(Required)	Date
Spouse Signature	(Optional)	Date