

## 2016-2017 VERIFICATION WORKSHEET DEPENDENT STUDENT

Your Free Application for Federal Student Aid (FAFSA®) has been selected for the federal verification process. You are required to complete and submit this form to Student Services. Student Services will compare information from your FAFSA with the information on this form and other documentation that you may be required to submit. Student Services may make electronic corrections to your application as a result of the verification process, which may result in changes to your financial aid awards.

### A. Student Information

Student Name

Student ID (D#)

### B. Family Household Information

Please list the people in your parent's household, including:

- Yourself, even if you do not live with your parent(s)
- Your parent(s)
- Your parent's/parents' other children if your parent(s) will provide more than half of their support from July 1, 2016 through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people 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.

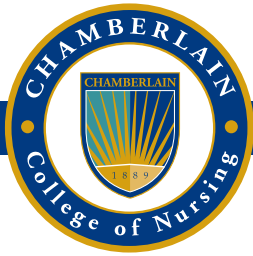
Include the name of the college for any household member, excluding your parent(s), who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary educational institution any time between July 1, 2016 and June 30, 2017. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

Full Name	Age	Relationship to Student	Attending College Y/N	College/University
		Self		Chamberlain College of Nursing

### C. Supplemental Nutrition Assistance Program Benefits Received

Check the appropriate box below to indicate if any of the members of your parent's/parents' household listed in Section B received Supplemental Nutrition Assistance Program (SNAP) benefits during the 2014 and/or 2015 calendar year(s).

- At least one of the members of my parent's/parents' household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.
- No members of my parent's/parents' household received Supplemental Nutrition Assistance Program (SNAP) benefits during 2014 and/or 2015.



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Student Name \_\_\_\_\_

Student ID (D#) \_\_\_\_\_

### D. Child Support Paid

Check the appropriate box below to indicate if you, the student, or any of the parents listed in Section B paid child support during the 2015 calendar year for any child(ren) not listed in the household in Section B:

- Neither I, the student, nor any of the parents listed paid child support during 2015.       I, the student and/or one (or both) of the parents listed did pay child support during 2015.

If you, the student, and/or one (or both) of your parents paid child support during the 2015 calendar year, provide:

- The name(s) of the individual(s) who paid the child support
- The name(s) of the individual(s) to whom the child support was paid
- The age(s) of the child(ren) for whom support was paid
- The name(s) of the child(ren) for whom the child support was paid
- The total annual amount of child support that was paid in 2015 for each child

If additional space is needed, attach a separate page with the student's name, the student's D# and the requested information.

Individual Who Paid Child Support	Child for Whom Support Was Paid	Age of Child for Whom Support Was Paid	Individual to Whom Child Support Was Paid	Amount of Child Support Paid in 2015

### E. Student Tax Filing Status

Check the appropriate box below to indicate your 2015 tax year filing status:

- I, the student, am required to file a 2015 federal tax return.  
 I, the student, did not file and am not required to file a 2015 federal tax return.

If you did not file and are not required to file a 2015 federal tax return, in the table below list any income received in 2015 as well as the name of the employer or source of income. If you did not receive any income in 2015, please list "0" under "Total Amount Earned in 2015" on the appropriate line(s). A copy of the appropriate IRS form documenting the amount of income listed below for each source, such as a W-2 or 1099, must be provided to Student Services along with this form. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

Employer(s)/Source(s) of Income	Total Amount Earned in 2015	IRS Form Available (Yes/No)

If the appropriate IRS forms documenting the income received from any of the employers/sources listed above cannot be provided, provide an explanation below as to why documentation cannot be provided. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

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\_\_\_\_\_

\_\_\_\_\_



# 2016-2017 VERIFICATION WORKSHEET DEPENDENT STUDENT

Student Name

Student ID (D#)

## F. Parent Tax Filing Status

Check the appropriate box below to indicate the 2015 tax year filing status for the parent(s) listed above in Section B:

Each parent listed is required to file a 2015 federal tax return.

One (or both) of the parents listed did not file and is/are not required to file a 2015 federal tax return.

If one (or both) of the parents listed in Section B did not file and are not required to file a 2015 federal tax return, in the table below, list any income received in 2015 as well as the name of the employer or source of income for each individual that is not required to file a 2015 federal tax return. If a parent did not receive any income in 2015, list the parent's name under "Name of Income Earner" and "0" under "Total Amount Earned in 2015" on the appropriate line(s). A copy of the appropriate IRS form documenting the amount of income listed below for each source, such as a W-2 or 1099, must be provided to Student Services along with this form. Each individual who did not file and is not required to file a 2015 federal tax return must provide his/her signature in Section G below. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

Name of Income Earner	Employer(s)/Source(s) of Income	Total Amount Earned in 2015	IRS Form Available (Yes/No)

If the appropriate IRS forms documenting the income received from any of the employers/sources listed above cannot be provided, provide an explanation below as to why this documentation cannot be provided. If additional space is needed, attach a separate page with the student's name, D# and the requested information.

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## G. Certification Statement

Please read the certification statement below and provide the required signatures. Signatures are required from the student and at least one parent listed in Section B. If any parent listed in Section B did not file and is not required to file a 2015 federal tax return as listed in Section F, a signature from each parent listed in this section is also required.

*I/We hereby certify that all information provided on this verification form is true and correct to the best of my/our knowledge. I/We understand this information will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I/We realize the eligibility for financial aid for the student indicated above is not finalized until all requested documents have been received and reviewed by Student Services.*

Student Signature

Date

Parent Signature

Date

Parent Signature

Date