



# Verification Worksheet

# 2009-2010

Please complete both sides of this form and return to the Office of Financial Aid via fax: (503) 370-6588 or mail: Willamette University, Office of Financial Aid, 900 State St., Salem, OR 97301

## A. Student Information

Student's Last Name	First Name	Middle Initial	Social Security Number/ WU ID No.
Permanent Address			Date of Birth
City	State	ZIP	( ) Home Phone Number
Email Address	( ) Cell Phone Number		

## B. Family Information

**Dependent Students:** List the people in your parents' household, including:

- your parents (including stepparent) and yourself, even if you don't live with your parents,
- your parents' other children, even if they don't live with your parents, if (a) your parents will provide more than half of their support from July 1, 2009 through June 30, 2010, or (b) the children would be required to provide parental information if filling out the FAFSA for 2009-2010, and
- other people if they now live with your parents, your parents provide more than half of their support, and your parents will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

**Independent Students:** List the people in your household, including

- yourself (and your spouse if you have one),
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, and
- other people if they now live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

**Both Dependent and Independent Students:** Only include the university/college name for a family member who will be enrolled at least half-time in 2009-2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Family Member's Name	Age	Relationship to Student	Name of University/College
1		Self	Willamette University
2			
3			
4			
5			

## C. Income Information – Not filing a 2008 Tax Return

Provide information below for people who were not required to file a 2008 tax return. List employer(s) and any income received in 2008 (use W-2 forms or other earning statements). If you did not earn any money in 2008, please fill in the total below with a "0."

STUDENT	STUDENT'S SPOUSE	STUDENT'S FATHER (STEP)	STUDENT'S MOTHER (STEP)
<input type="checkbox"/> I am not required to file a 2008 tax return.	<input type="checkbox"/> I am not required to file a 2008 tax return.	<input type="checkbox"/> I am not required to file a 2008 tax return.	<input type="checkbox"/> I am not required to file a 2008 tax return.
Total 2008 income - \$	Total 2008 income - \$	Total 2008 income - \$	Total 2008 income - \$
Employer(s):	Employer(s):	Employer(s):	Employer(s):

**D. Untaxed Income Information****REQUIRED FOR ALL STUDENTS - REQUIRED FOR PARENT(S) IF STUDENT IS A DEPENDENT**

**Both tax filers and non-tax filers must list any untaxed income received in 2008. Be sure to enter zeroes if no funds were received. Failure to complete this section will delay the processing of your financial aid.**

<b>Calendar Year 2008</b>		
<b>Student (Spouse)</b>	<b>Additional Financial Information</b>	<b>Parent(s) (Stepparent)</b>
\$	Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 - line 50 or 1040A - line 31	\$
\$	Child support you <b>PAID</b> because of divorce or separation or as a result of a legal requirement Do not include support for children in your (or your parents') household, as reported in question 90 of the FAFSA (or question 75 for your parents)	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships	\$
\$	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income Includes AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships	\$
\$	Combat pay or special combat pay Only enter the amount that was taxable and included in your adjusted gross income Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q)	\$
<b>Untaxed Income</b>		
\$	Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H and S	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 - line 28 + line 32 or 1040A - line 17	\$
	Child support you <b>RECEIVED</b> for all children Do not include foster care or adoption payments	
\$	Tax exempt interest income from IRS Form 1040 - line 8b or 1040A - line 8b	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 - lines (15a minus 15b) or 1040A - lines (11a minus 11b) Exclude rollovers, if negative, enter a zero here	\$
\$	Untaxed portions of pensions from IRS Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b) Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits)	\$
\$	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances	\$
\$	Any other untaxed income or benefits not reported, such as workers' compensation, disability etc. <b>Do not include</b> student aid, earned income credit, additional child tax credit, welfare payments untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels	\$
\$	Money <b>received</b> , or paid on your behalf (e.g., bills), not reported elsewhere on this form	XXXXXXXXXX XX

*By signing this form, I affirm that all information on this form, and on any attachments is complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.*

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**Student Signature (Required)**


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**Date**


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**Parent Signature (Required if the student is a dependent)**


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**Date**