



# Dependent Verification Worksheet

2019-2020

Please **mail** documents to:  
158 East Main Street, Henderson, TN 38340

Your application was selected by the Department of Education for review in a process called Verification. In this process, FHU will be comparing information from your application with **copies of your and your parent's 2017 IRS Tax Return Transcript**. The law says we have the right to ask you for this information before awarding Federal aid. Complete the Verification process as soon as possible so that your financial aid will not be delayed.

## I. Permanent Residence and Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Social Security Number
_____ Address			_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Phone Number (include area code)

## II. Family Information

- A.** List below the people that your parents will support 51% between July 1, 2019 and June 30, 2020. Include:
- Yourself
  - Your parent(s)
  - Your parent(s) dependent children (if they provide more than 50% support.)
  - DO NOT include siblings whose permanent residence is not the same as the address listed about or foster children
- B.** Include other people as part of the household only if:
- They lived with your parent(s) and received more than 50% support from them at the time you completed your FAFSA application AND they will continue to receive more than 50% support from July, 2019 through June 30, 2020.

Name	Age	Relationship	College attending (at least half-time) in 2019-2020 year
		Self	Freed-Hardeman University

## III. Family Information

- A.** Check the appropriate box below:
- No child support was paid for individuals outside of the household in 2017
- One (or both) of the student's parent included in the household and/or the student paid child support in 2017 for a child not included in the parent(s) household. Complete chart below.

Name of person who paid child support	Name of guardian to whom child support was paid	Name of child for whom support was paid	Age of Child for Whom Support was paid	Amount of child support paid in 2017

**IV. Additional Financial Information – Annual Amounts Paid or Received in 2017**

<b>Parent(s):</b>	<u>ALL QUESTIONS MUST BE ANSWERED</u>	<b>Student:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>Receive</b> AmeriCorps, living allowances & interest	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>Receive taxable</b> earnings from Federal Work Study, Fellowships or Assistantships	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>Receive taxable</b> combat pay	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>Receive</b> Education Credits	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____

**V. Untaxed Income - Annual Amounts received in 2017**

<b>Parent(s):</b>		<b>Student:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Child support <b>Received for all household members.</b> (Don't include foster or adoption payments.)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Housing, food, living allowances (Paid to members of the Military, clergy, or other)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>VA Non Education</b> Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Other Untaxed Income (i.e. Worker's Compensation, portions of Railroad Retirement, Refugee Assistance, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ Cash support/money paid on your behalf (Paid by non-custodial parent or others)	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ <b>Tax deferred</b> payments to <b>Pension &amp; Savings (Paid directly or withheld from earnings), IRA distributions (do not include Rollovers), and tax exempt interest income.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Received food stamps (SNAP) in 2017 or 2018	<input type="checkbox"/> Yes <input type="checkbox"/> No

I/(we) **did not file** and are not required to file a 2017 Federal income tax return.  Student  Father  Mother

**\*List below your and/or your parent(s) employer(s) if you did not file and any other source of income received in 2017. Also include copies of each W2. Please indicate whose income you are reporting\*:**

Source of Income	Amount Earned	Student/Father/Mother
_____	\$ _____	_____
_____	\$ _____	_____

**If parents did not work, please explain how they were able to support the family:**

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct.  
**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_