

California Lutheran University – Office of Financial Aid

2011-12 Independent Verification Worksheet Federal Student Aid Programs

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "verification" by the U.S. Department of Education. In this process, the Office of Financial Aid is required by federal law to compare the information from your FAFSA with the information provided on this form and with signed copies of your (and your spouse's, if you are married) 2010 Federal tax forms and other financial documents before awarding Federal aid. If there are differences between your FAFSA information and any of the documents you submit, the Office of Financial Aid may need to make corrections electronically to your FAFSA so that the data may be reprocessed by the Federal Processor. **We cannot process your financial aid file until verification has been completed. As such, please provide the required documents to the Office of Financial Aid as soon as possible.** Contact the Office of Financial Aid at (805) 493-3115 during business hours if you have any questions about this form or any other documents you need in order to complete your financial aid file.

What you should do:

1. Collect your (and your spouse's, if applicable) financial documents (signed 2010 Federal income tax forms and other financial documents if needed).
2. **Complete both sides of this form.** Be sure that **you** (and, if applicable, your spouse) **sign this worksheet.**
3. Do not leave any section blank. If you (and, if applicable, your spouse) did not receive income from one of the sources listed on this form, put a "0" for the amount.
4. Submit the completed worksheet, tax forms, and any other documents to the Office of Financial Aid.
5. The Office of Financial Aid will compare the information on this worksheet and your documents to your FAFSA and make corrections if necessary. If any additional information is required from you, you will be notified.

A. Student Information

| | | | |
|---------------|----------------|--|------------------------------------|
| Last Name | First Name | M.I. | CLU ID # or Social Security Number |
| Date of Birth | E-mail address | Current phone number (include area code) | |

B. Family Information

List the people in your household, including:

- yourself;
- your spouse (if you are married);
- your children - if you will provide more than half of their support from July 1, 2011 through June 30, 2012, even if they do not live with you; and
- other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2011 through June 30, 2012.

Write the names of all household members, including yourself, in the space(s) below: Also write in the name of the college for any household member [excluding your parent(s)], who will be attending college at least half-time between July 1, 2011 and June 30, 2012, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate piece of paper.

| First and last name of family member | Age | Relationship to student | Will attend COLLEGE at least half-time in 2011-2012 year? | Name of COLLEGE the person will attend in the 2011-2012 school year: | If CLU student, list school ID# |
|--------------------------------------|-----|-------------------------|---|---|---------------------------------|
| | | SELF | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

C. Tax Forms and Income Information

All tax filers must submit a signed copy of their 2010 Federal tax returns - IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep your tax return copy, call your tax preparer or the IRS (800-829-1040) for a copy.

Check the box(s) for those tax returns that you have copied and are submitting along with this document:

You

You and your Spouse
(Filed a Joint Return)

Your Spouse only
(if applicable)

If you or your spouse (if applicable) did not file and are **not required** to file a 2010 Federal income tax return, list below the employer(s) or source(s) of income and the amounts of ALL income received in 2010 (refer to W-2 forms or other earnings statements if available).

| Source of income/support/employment | Student (Spouse) Amount -2010 |
|-------------------------------------|-------------------------------|
| | |
| | |
| | |

Both tax filers and non-tax filers must list "Additional Financial Information" and any "Untaxed Income" - see below. Enter zeros if no funds were received. Failure to complete this section will delay processing of your financial aid. Refer to the "Additional Financial Information" and "Untaxed Income" sections of your FAFSA to answer this section:

| Student (and spouse, if applicable) | Calendar Year 2010: January 1, 2010 - December 31, 2010 |
|--|---|
| | 2010 Additional Financial Information |
| \$ | Education credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040 - line 49 or 1040A - line 31. |
| \$ | Child support paid because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household that you already reported in your 2011-2012 FAFSA. |
| \$ | 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 adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and 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. |
| \$ | Earnings from work under a cooperative education program offered by a college. |
| \$ | ← Student (and spouse, if applicable) Total |
| | 2010 Untaxed Income |
| \$ | Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on your W-2 form(s) 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 received 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. |
| \$ | 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. |
| \$ | Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing. |
| \$ | Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. |
| \$ | Other untaxed income not reported elsewhere on the FAFSA, such as workers' compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040 - line 67. Do not include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. |
| \$ | Money received, or paid on your behalf (e.g., bills paid), not reported elsewhere on this form. |
| \$ | ← Student (and spouse, if applicable) Total |

D. Sign this Worksheet

Each person signing this worksheet certifies that all of the information reported on this form is true and accurate to the best of their knowledge. If requested, we agree to provide proof of the information that we have reported on this form. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Spouse (if applicable)

Date