LESLEY UNIVERSITY

# INDEPENDENT Verification Worksheet 2013-2014

Your application for financial aid has been selected for a process called "Verification". Through the Verification process, the Office of Financial Aid will be corroborating information submitted on your 2013-2014 Free Application for Federal Student Aid (FAFSA) with information you submit on this Verification Worksheet. Please reference the accompanying missing item letter or email for a complete list of any other required verification documents, which may include copies of both your and your spouse's (if you are married) 2012 Federal Income Tax Return Transcript, and possibly other financial documentation as requested. U.S. Department of Education policy indicates the Office of Financial Aid has the legal authority to require you to submit the indicated information prior to providing you with a financial aid award. Please contact the Office of Financial Aid at 1-800-999-1959, ext. 8581 if you would like assistance completing this form.

## *A. Student Information*

Last Name (Please Print) First Name Middle Initial

_____ OR xxx-xx-_____
Lesley ID# Last 4 digits of Soc Sec No.

Address (include apartment number)

Date of Birth

City State Zip Code

Phone Number (include area code)

Email Address

Cell Phone Number (include area code)

## *B. Family Information*

**In the table below, write the names of all the members of your household:**

1. Include **your name** and **your spouse** (if you are married).
2. Include your children, if you will provide more than half of their support from July 1, 2013 to June 30, 2014.
3. Include 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, 2013 to June 30, 2014.
4. Also**, include the name of the college for any household member, excluding your parents, who will be attending college at least half-time** (at least 6 credit hours) from July 1, 2013 to June 30, 2014, and will be enrolled in a degree or certificate program. If you require more space, attach a separate page.

Indicate ***your*** marital status (check one):

Single ☐ Married (includes remarried) ☐ Separated/Divorced ☐ Widowed ☐

**Please Note:** If you were married on the day you filed your Free Application for Student Aid (FAFSA) you must include a copy of your spouse's 2012 Tax Return Transcript even if you were not married during the 2012 tax year.

| Name of Family Member | Relationship to Student | Age | College Enrollment for 2013-2014* | Will Enroll at Least Half-time?* | | Expected Year of Graduation |
|---|---|---|---|---|---|---|
| | | | | Yes | No | |
| 1. ***Student Applicant's Name:*** _____ | ***Self*** | _____ | ***Lesley University*** | _____ | _____ | _____ |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

*College enrollment may be subject to verification.

## C. Student/Spouse Tax Forms and Income Information

**1.** Check **only one** of the boxes below:

☐ I did file a 2012 Federal Income Tax Return.

☐ I did not file and I am not required to file a 2012 Federal Income Tax Return.
Please attach copies of all your (and Spouse) W-2 form(s)

**Please complete the following (if $0, enter $0)**:

*Student's* Wages: _____ *Spouse's* Wages: _____

*Student's* Employer(s): _____ *Spouse's* Employer(s): _____

**Please Note:** If you were married on the day you filed your Free Application for Student Aid (FAFSA) you must include a copy of your spouse's 2012 Tax Return Transcript even if you were not married during the 2012 tax year.

**In general, once you earn the following minimum gross income amounts, IRS tax law requires you to file a Federal Income Tax Return. If you earned more than the figures listed below you are required to file a 2012 Federal Income Tax Return.**

| Filing Status | Income |
|---|---|
| Single | $ 9,500 |
| Head of Household | $12,200 |
| Qualifying Widow (with dependent child) | $15,300 |

| Filing Status | Income |
|---|---|
| Married Filing Jointly | $19,000 |
| Married Filing Separately | $ 3,700 |
| Single Dependent (claimed on parents' federal tax return) | $ 5,800 |

**2**. **Untaxed Income**. Please indicate the dollar amounts of any Untaxed Income received for the entire 2012 calendar year (01/01/12-12/31/12) below. ***If a specific item does not apply to you, enter "$0" or "Not Applicable".*** **Do Not Leave Any Item Blank.**

| | Total 2012 Untaxed Income | | Source of Information - Your Own Records, or: |
|---|---|---|---|
| | ***Student*** | ***Spouse*** (if married) | |
| Child Support **Received** for all children within household for calendar year 2012 **(entire year)** | $ _____ | $ _____ | MA Child Support Customer Service Bureau 1-800-332-2733 **(for MA Residents only)** |
| Veterans Non-Education Benefits (Disability, Death Pension, DIC) for calendar year 2012 **(entire year)** | $ _____ | $ _____ | US Department of Veterans Affairs 1-800-827-1000 |
| Worker's Compensation for calendar year 2012 **(entire year)** | $ _____ | $ _____ | Appropriate Supporting Documentation |
| Untaxed portions of IRA distributions, Pensions, or Annuities for calendar year 2012 **(entire year)** | $ _____ (Rollover $ _____ Amount) | $ _____ (Rollover $ _____ Amount) | Untaxed portions of distributions, IRS form 1040, line 15a-15b, and 16a-16b. "Rollover" is indicated in margin. |
| Other Untaxed Income/Benefits Not Listed Above for calendar year 2012 **(entire year)** | $ _____ | $ _____ | *Student* Source: _____ *Spouse* Source: _____ |

| | |
|---|---|
| Child Support **Paid by You (or your spouse, if married)** Do Not Include Support for Children in Your Own Household for calendar year 2012 **(entire year)** | Total Amount: _____<br>Name of person who paid: _____<br>Who support was paid to: _____<br>On behalf of (all beneficiaries): 1. _____ 4._____<br>2. _____ 5._____<br>3. _____ 6._____ |

## D. Certification

By signing this form, I (we) certify all information reported to the Office of Financial Aid is complete and accurate.

Student's Signature _____ Date _____ Spouse's Signature (if student is married) _____ Date _____

**Please complete, sign and return this form by faxing it to 617.349.8667 or mailing it to the address listed below.** Questions? Call us at (800) 999.1959, ext 8581 or send an email to finaid@lesley.edu .