

# WESTERN OREGON UNIVERSITY

## 2011-2012 Verification Worksheet

## Independent

### Student Information

Last Name	First Name	M.I.	WOU Student ID
Local Address		Date of Birth	
City	State	ZIP Code	Local Phone

### Family Information

List the people in your household that were listed on the FAFSA. Carefully read the instructions about who should be included in your household. The definition of a household for financial aid purposes is not always the same as the people you live with. Include:

1) Yourself and your spouse if you have one.

2) Your children if you will provide more than half of their support from July 1, 2011 through June 30, 2012.

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, 2011 through June 30, 2012.

4) Also write in the name of the college for any household member 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 page.

Full Name	Age	Relationship	College
Missy Jones (example)	24	Wife	Central University
		<b>Yourself</b>	Western Oregon University

STUDENT SECTION:	
Student: Check only one box below	
<input type="checkbox"/> 2010 <b>signed</b> federal tax return is attached <input type="checkbox"/> I did not file a 2010 federal tax return	
If you did not file a 2010 federal tax return, list below your employer(s) and any income you received in 2010:	
Employer Name- complete only if no tax return was filed	2010 Amount Earned
	\$
	\$

SPOUSE SECTION:	
Spouse: Check only one box below	
<input type="checkbox"/> 2010 <b>signed</b> federal tax return is attached <input type="checkbox"/> I did not file a 2010 federal tax return	
If you did not file a 2010 federal tax return, list below your employer(s) and any income you received in 2010:	
Employer Name- complete only if no tax return was filed	2010 Amount Earned
	\$
	\$

# WESTERN OREGON UNIVERSITY

**INSTRUCTIONS: This worksheet must be filled out completely and signed by you. Read each line item and place answers in the columns marked student/spouse. Blank boxes will be returned for completion.**

**DO NOT LEAVE ANY BOX BLANK. IF ANSWER IS ZERO, ENTER 0. FOR EXAMPLE: \$ 0**

STUDENT/ SPOUSE	EXCLUDED INCOME Calendar Year 2010
\$	Child support <b>paid</b> because of divorce or separation or as a result of a legal requirement. Do not include support for children in your household, as reported on the front of this form. Please include the annual (yearly) amount. List names here of children for whom child support was paid: 1) _____ 2) _____ 3) _____
\$	Taxable earnings from need-based employment programs, such as Federal Work-study and need-based employment portions of fellowships and assistantships.
\$	Taxable 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 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.
\$	Earnings from work under a cooperative education program offered by a college.

STUDENT/ SPOUSE	UNTAXED INCOME Calendar Year 2010
\$	Payments to tax-deferred pension and saving 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.
\$	Child support <b>received</b> for all children. Do not include foster care or adoption payments. Please include the annual (yearly) amount.
\$	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' noneducation benefits, such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances.
\$	Other untaxed income not reported, such as workers' compensation, disability, etc. Also include the first-time homebuyer tax credit from IRS Form 1040- line 67. <b>Do not include</b> student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, combat pay (if you are not a tax filer), 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.

**By signing this worksheet, I certify that all the information reported on it is complete and correct. The student must sign this worksheet or it will be returned which will result in a delay in the processing of financial aid.**

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's WOU Student ID

This document is available in alternative formats. Please give reasonable notice to the  
Financial Aid Office at 503-838-8475 or toll-free at 1-877-877-1593.

**Financial Aid Office**