

**DEPENDENT
2010-2011
VERIFICATION
WORKSHEET**

❖ **Notice! No further processing can be done until all documentation is provided.**

You have been selected for a process called "Verification." By law, we have the right to ask for this information before awarding federal aid.

- Complete all questions and submit completed form to the Financial Aid Office.
- Provide **signed** photocopies of 2009 **federal** tax returns, W-2s, and any other requested documents.

Note: State taxes and form 8879 are not valid documents.

Student's Name _____

UM ID#: _____ - _____ - _____

Previous Name _____
(if any)

Phone: (____) _____ - _____

1. VERIFICATION OF HOUSEHOLD INFORMATION

List the people in your parent(s) household, include:

- Yourself and your parents(s) (including step-parent) even if you don't live with your parents;
- Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2010 through June 30, 2011, or (b) the children would be required to provide parental information when applying for federal student aid;
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

Write the names of all household members 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 at least half time between July 1, 2010 and June 30, 2011, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

<u>Full Name of Family Member</u>	<u>Relationship to you</u>	<u>Age</u>	<u>Name of College</u>
1. _____	Self _____	____	The University of Montana _____
2. _____	_____	____	_____
3. _____	_____	____	_____
4. _____	_____	____	_____
5. _____	_____	____	_____
6. _____	_____	____	_____
7. _____	_____	____	_____

You must complete both sides of this worksheet



2. VERIFICATION OF TAXABLE INCOME INFORMATION: Check applicable option(s) in each box below.

STUDENT:

_____ I have or will file a 2009 federal income tax return (Form 1040, 1040A, or 1040EZ).

_____ I have included a signed copy of my federal tax return and all W-2s.

OR

_____ I will not file a 2009 federal income tax return.

\$ _____ Total income earned in 2009 (Enter zero if no income was earned)

NOTE: All W-2s must be provided if income is greater than "0"

PARENT(S):

_____ We have or will file a 2009 federal income tax return (Form 1040, 1040A, or 1040EZ).

_____ We have included a signed copy of our federal income tax return and all W-2s.

OR

_____ We will not file a 2009 federal income tax return.

\$ _____ Total income earned in 2009 (Enter zero if no income was earned)

NOTE: All W-2s must be provided if income is greater than "0"

3. VERIFICATION OF OTHER INCOME RECEIVED JAN. 1- DEC. 31, 2009:

ENTER ANNUAL (NOT MONTHLY) AMOUNTS: DO NOT leave any amounts blank, enter "0" if it does not apply.

	<u>Student</u>	<u>Parent(s)</u>
Child support paid in 2009 (Do not include payments for children if they are listed on the front of this form)	_____	_____
<u>IF</u> you listed Work Study earnings as income on your 2009 U.S. tax return, please enter the amount paid to you JANUARY through DECEMBER 2009. Enter "0" if it does not apply.	_____	_____
List only grants, scholarships, fellowships & AmeriCorps awards that were reported in your adjusted gross income on your federal taxes.	_____	_____
Combat pay or special combat pay	_____	_____
Child support received in 2009 (for all children in the household)	_____	_____
Housing allowance (military, clergy etc.)	_____	_____
Veteran non-education benefits (ex: disability, death, DIC, VA work study)	_____	_____
Worker's Compensation (if not reported on tax return)	_____	_____
Untaxed Pensions (if not reported on tax return)	_____	_____
Other (if any) _____	_____	_____

(DO NOT Leave Amounts Blank)

By signing this worksheet, you certify that all information reported is complete and correct. At least one parent must sign. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.



Student Signature _____ Date _____

Parent Signature _____ Date _____

Return to the campus you are attending:

**The University of Montana-Missoula
Mountain Campus
Griz Central-Financial Aid Office
Missoula, MT 59812-1254**

or

**The University of Montana-Missoula
College of Technology
Financial Aid Office
Missoula, MT 59801-7910**