

2018-2019 Verification Worksheet

Office of Financial Aid & Scholarships

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Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. SUSLA is required to compare information you and/or (parents/spouse) reported on your FAFSA with any other required financial documents. If there are differences, your FAFSA information may need to be corrected by the Office of Financial Aid and Scholarships. Federal law requires this before awarding federal student aid. (*This takes a minimum of 7 to 10 business days*).

- Bring this worksheet completed and signed by <u>you and (if dependent), at least one parent</u> to the Office of Financial Aid and Scholarships. Attach any required documentation.
- To request a copy of a Tax ReturnTranscript, Verification of Non-filing or Wages and Income Transcript contact Internal Revenue Services (IRS) at www.irs.gov or 1-844-545-5640.
- The Office of Financial Aid and Scholarships may ask for additional information.
- If you have any questions, contact the Office of Financial Aid and Scholarships on your campus as soon as possible so that your financial aid will not be delayed.

A. Student Information

			_9000-			
LAST NAME	FIRST NAME	M.I.	SUSLA ID#			
Address	APT #	City	State	Zip Code		
HOME PHONE (INCLUDE AREA CODE)			Date of B	irth		

B. Family Information / Household size

- ► List the people in your parent(s) household. Include:
 - (Dependent Student) List Yourself, Your parent(s) (including step-parent), whose information you provided on the financial aid applicaton, even if you do not live with your parent(s). Your parent(s)' other child(ren)(even if they don't live with your parent(s)) if: your parent(s) provide more than half of their support from July 1, 2018 through June 30, 2019 <u>OR</u>, the child(ren) would be required to provide parental information if they were completing a FAFSA for 2018-2019. Include other people if they now live with your parent(s) and will continue to receive more than half their support from them between July 1, 2018 and June 30, 2019.
 - (Independent Student)- List Yourself, Your spouse, if married Your child(ren) even if they don't live with you, if you will provide more than half of their support from July 1, 2017 through June 30, 2018. Include other people if they now live with you and will continue to receive more than half their support from you between July 1, 2017 and June 30, 2018
 - COLLEGE: Write the name of the college for any person listed, who <u>will be</u> attending college at least half-time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree or certificate program.

If you need more space, attach a separate page

Full Name	Age	Relationship	College
Student Name:		Self	Southern University at Shreveport

C. Income Information- Check one for each column								
Student		Parent(s)/ Spouse (if applicable)						
I used the IRS Data Retrieval Tool to transfer r income information at www.FAFSA.gov	my 2016	I/We used the IRS Data Retrieval Tool to transfer 2016 income information at www.FAFSA.gov						
I did not use the IRS Data Retrieval tool. A cop 2016 IRS Tax Return Transcript will be or ha submitted to Southern University at Shrevepor	s been t.	 I/We did not use the IRS Data Retrieval. A copy of my/our 2016 IRS Tax Return Transcript(s) will be or has been submitted to Southern University at Shreveport. 						
I did not and was not required to file a 2016 Fe Income Tax Return. A copy of my 2016 IRS Ve Non-filing and Wages & Income Transcript	erification of	I/We did not and were not required to file a 2016 Federal Income Tax Return. A copy of my/our 2016 IRS Verification of Non-filing and Wages & Income Transcript will be submitted						
submitted to Southern University at Shrevepor				ersity at Shre				
D. Income Information For Non Tax								
If you or your parent(s)/ Spouse (if applicable) were if the employer did not issue an IRS W-2 form and a or 1099-Miscellaneous). A copy of 2016 IRS Verific	ny income rece	eived in 2016	(attach al	l W-2 Forms,	Wages and	very employer even Income Transcript,		
Employer's Name		nt's 2016		nt(s)/ Spoi		W2 submitted		
		t Earned		mount Ea		(Yes or No)		
	\$		\$					
	\$		\$					
Note: Documentation must be submitted from the IRS						he IRS.		
E. Untaxed Income (Don't Leave Any					plicable			
For Reference: Student see Question 45 on FAFSA	and For Parent				Dever (0040 4		
Sources of Untaxed Income			ent 2016	Amount	. ,) 2016 Amount		
Tax deferred pension		\$			\$			
Untaxed pension or IRA		\$			\$			
Other Untaxed Income \$								
F. Asset Type (Don't Leave Any Box								
Please provide the information below as of the date you signify you were required to provide parental information on you								
Sources of Assets			Student 2016 Paren		arent(s)/Spouse 016 Amount			
Cash, Savings and Checking accounts as of the date you			\$		\$			
Investments Net Worth (value minus debt) as of the date y Real Estate (do not include the home you live in) 	ou signed the FA	FSA.		\$	\$			
 Real Estate (do not include the nome you live in) Trust funds, money market funds and mutual funds 								
 Certificates of deposit, stocks, stock options, bonds, oth savings plans, and refund value of 529 prepaid tuition p Installment and land sale contracts (including mortgage 	olans	ation IRAs, 529 d	college					
DO NOT INCLUDE life insurance, retirement plans (per	nsion funds, annuitie							
Business and Investment Farm Net Worth (value minus de	,	you signed th	e FAFSA.	\$	\$			
 Market value of land, buildings, machinery, equipment, and inventory DO NOT INCLUDE the value of a family farm that you (your spouse and/or your parents) live on and operate 								
DO NOT INCLUDE the value of a small business that y control and that has 100 or fewer full-time or full-time etc.			s) own and					
G. Signature and Certification								
Each person signing below certifies that all of the	e information re	ported is cor	nplete and	l correct. The	student and	one parent whose		
information w WARNING: If you purposely give false or mislead	as reported on ding informatio				ed to jail, or I	both.		
Student Signature Date		Parent/Step-parent Signature (Dependent) Date						
Student Print Name 9000- SUSLA		Parent/	Step-pare	nt Print Name				
		i aleill/						
INTERNAL USE ONLY:	Verifie	cation Work	sheet wo	uld satisfy re	equirement:	INVW19 or DPVW19		

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age, disability or any other protected class. Title IX Coordinator: Dr. Tuesday W. Mahoney, Johnny L. Vance, Jr. Student Activity Center, Room 208, (318) 670-9201. Section 504 Coordinator: Ms. Jerushka Ellis, Health & Physical Education Complex, Room 314, (318) 670-9367.