College Connect Locations SUNO Campus: Jessica Lee Bashful Adm. Bldg, Rm 210

Phone: 225-771-2208 Fax: 225-771-4954

Email: FinancialAid@susla.edu

SUBR Campus: Jessica Lee Stewart Hall, Rm 107 Phone: Phone: 225-771-2208 Fax: 225-771-4954

Email: FinancialAid@susla.edu



## Excellence • Integrity • Accountability • Service

## Office of Financial Aid & Scholarships

L.C. Barnes Administration Bldg., Room A-43 3050 Martin Luther King, Jr Dr. Shreveport, LA 71107

Phone:(318)670-9221 • Fax: (318) 670-6313 • Email: financialaid@susla.edu

## 2018-2019 FAFSA Verification Worksheet

Your Free Application for Federal Student Aid (FAFSA) was selected for review by the U.S. Department of Education in a process called "Verification". This means SUSLA must compare the information from your FAFSA, your 2016 Federal tax transcript, this worksheet, and other financial documents. If there are differences between your FAFSA information and your financial documents, additional information may be requested and/or corrections will be processed. The law says that we have the right to ask you for this information and resolve any conflicts before awarding Federal financial aid (34 CFR, Part 668). You must provide Southern University at Shreveport with all the requested applicable documents. You may contact the IRS at 1-800-829-1040 or www.irs.gov/individuals/get-transcript if you need copies of your tax transcript.

3007 Knight St, Shreveport, La 71105; 2600 Citiplace Centre, Baton Rouge, La 70808; 1555 Poydras St, New Orleans, La 70112 Information should be forwarded to SUSLA at the address above or via fax. You should provide all required information as soon as possible. Attach an additional sheet if necessary. Your Federal financial aid awards will not be offered until the verification review is completed and validated. \*Statement of Educational Purpose is required-please contact our office\*.

## For office use only:

Selected For	Verification Tracking Flag	Verification Tracking Group	Fill Out Section(s)	
	V1	Standard Verification	A,C,D,E,F,G	
	V4*	Custom Verification	A,B,F,G	
	V5*	Aggregate Verification	A,B,C,D,E,F,G	
	V6	Household Resources Verification	A,C,D,E,F,G	

A. Student Information						
				9000		
Last Name	First Name	Name N		Student ID		
Address (include apt. no.)				Date of birth	_	
City, State  3. Student High School Information		ZIP code	ZIP code Phone number (include are		<u>-</u> e)	
Name of <b>HIGH SCHOOL</b> Grad			Subm	nitted to Admission Yes No		
C. Household Information						
will provide more than half of the <b>DEPENDENT STUDENT</b> – Lis	heir support from July 1, t yourself and your pare ven if they don't live with	2018- June 30, 2019 (lega ent(s) (including step-paren gyour parent(s), if <b>(a)</b> your	al doci t), eve paren	other people if they now live with you umentation of support will be required en if you don't live with your parents. ts will provide more than half their su formation on their FAFSA.	d). Include	
Full Name	Age	Relationship to Student	Relationship to Student College A		ttending in 2018-2019	
		Self				
			+			

D.Student/Spouse Tax Form and Income/Be	nefit Informa	tion Check one:			
Required to file a 2016 U.S. Income Tax Re	turn. Attach a	copy of a Federal Tax F	Return Trans	script from the IR	S (Not a copy of
Federal Tax Return filed).					
Used IRS Data Retrieval Tool to complete 2 ──Will not file and not required to file a 2016 U			table below	" listing all source	on of income and/or
financial support you received in 2016. <b>Atta</b>					s of income and/or
Employer or Source of F	Total Earned/ Received in 2016				
E. Parent Tax Form and Income Benefit/ Info	ormation (If st	tudent is Denendent) (	Sheck one:		
Required to file a 2016 U.S. Income Tax Re					S (Not a copy of
Federal Tax Return filed).				•	
Used IRS Data Retrieval Tool to complete 2					
Will not file and not required to file a 2016 U financial support you received in 2016. <b>Atta</b>	ch all 2015 W	-2s, or Supplemental I	Resource F	orm	
Employer or Source of F	inancial Supp	oort	T	otal Earned/ Rec	eived in 2016
F. Additional Financial Information From 20	15				
Calendar Year 2016 (Januar)		Student & Spouse	Parent(s)		
Did you receive Supplemental Nutrition Assist		(SNAP)/Food Stamp B	Benefits?	Yes	Yes
**Additional documents may be requested.	**			☐ No	□ No
Child support <b>paid</b> because of divorce or sepa Don't include support received for children in y			ment.		
Name of Person to Whom Support was Pai		e for Whom Support w	as Paid		
G. Read Statement Carefully and Sign					
By signing this worksheet, I certify that all info misleading information on this worksheet may			ect. I unders	stand that purpose	ely providing false or
misicading information on this worksheet May	result III a IIIIE	, jan sentence, or potti.			
Student Signature Date Parent Signature (if dependent)					Date

Important: Please make sure your name and Student ID are on all documents

Southern University at Shreveport does not discriminate on the basis of race, color, national origin, gender, age or disability. Title IX Coordinator: Ms. Tilisha T. Bryant, Administration Building, Room A-43, (318) 670-9210. Section 504 Coordinator: Ms. Jerushka Ellis, Fine Arts Building, Room C04 D, (318) 670-9473.