# 2013-2014 INDEPENDENT VERIFICATION WORKSHEET

Southern Wesleyan University 907 Wesleyan Drive, Central, SC 29630 Phone: 864-644-5500 Fax: 864-644-5970

www.swu.edu

Student's Last Name, First, M.I.	SWU ID # <b>OR</b> Last 4 digits Social Security Number		
E-mail Address	Phone Number		

### WHY MUST I COMPLETE THIS WORKSHEET?

Your 2013-2014 financial aid application has been selected for a review process called "verification." Federal law requires the applicant and his/her family to participate in the verification process, which is used to ensure the accuracy of the information reported on the student's Free Application for Federal Student Aid (FAFSA). When all information is received, it will be reviewed for accuracy, and conflicting or inconsistent information will be corrected.

Note: If you have applied for an extension for filing the 2012 Federal Tax Return, a copy of the approved extension must be submitted. However, no financial aid will be disbursed until all documents requested have been submitted.

## **SECTION 1- Household Information**

Please list below the people you (and your spouse) will support between July 1, 2013 and June 30, 2014.

### Include:

- Yourself, your spouse, and dependent children (including stepchildren).
- Other people <u>ONLY</u> if they live with you and receive more than half their support from you now <u>AND</u> will continue to receive this support through June 30, 2014.
- The college/university attended by household members who will be pursuing a degree at least halftime (usually 6 hours/semester) in 2013-14.

Fu	ull Name of Family Member in Students' Household	Relationship to Student	Age	Name of College/University in 2013-14
1. Y	ou, the student	Self		Southern Wesleyan University
2.				
3.				
4.				
5.				
6.				
7.				

# SECTION 2—Additional Financial Information

Did the student, spouse, or anyone in the household (listed in Section 1) receive Food Stamps in 2011 or 2012?							
Yes □ No □	(you must check one).						
Student (and Spo	use)						
\$	2012 year child support <u>paid</u> because of divorce or separation as a result of a legal requirement. Don't include support for children in your (or your spouses') household, as reported in Section 1.						
	Do not leave blank. Enter a ZEI	RO if no child sup	pport was paid.				
Name(s) of child(re	en) to whom child support was pa	id:					
Name of the perso	on to whom child support was paid	l:					
Parent signature w (if applicable)	vho <u>paid</u> child support:						
SECTION 3—Taxed Income Information							
1. DID YOU (THE STO CHECK ONE BOX ONLY	UDENT) HAVE ANY INCOME IN <b>2012?</b> :	Yes or No	(CIRCLE ONE)				
CHECK HERE IF YO	OU FILED A <b>2012</b> FEDERAL TAX RETURN. OU WILL FILE A <b>2012</b> FEDERAL TAX RETUR OU WILL NOT FILE AND ARE NOT REQUIRE		L TAX RETURN.				
\$LIST THE (ENTER A ZERO IF NO I	AMOUNT YOU EARNED IF NOT REQUIRED EARNINGS)	TO FILE A FEDERAL	TAX RETURN.				
2. DID YOUR SPOUS CHECK ONE BOX ONLY	E HAVE ANY INCOME IN <b>2012?</b> :	Yes or No	(CIRCLE ONE)				
□ CHECK HERE IF YO	OUR SPOUSE FILED A <b>2012</b> FEDERAL TAX OUR SPOUSE WILL FILE A <b>2012</b> FEDERAL T OUR SPOUSE WILL NOT FILE AND IS NOT R	AX RETURN.	FEDERAL TAX RETURN.				
\$LIST THE (ENTER A ZERO IF NO I	AMOUNT YOUR SPOUSE EARNED IF NOT I	REQUIRED TO FILE A	FEDERAL TAX RETURN.				

# SECTION 4—Student Certification I (WE) CERTIFY ALL INFORMATION ON THIS FORM IS COMPLETE AND CORRECT. Student (REQUIRED) \_\_\_\_\_\_ Date \_\_\_\_\_\_ Spouse (Optional) \_\_\_\_\_\_ Date \_\_\_\_\_\_ Please review the information you have provided for accuracy. This could save valuable time.

# DID YOU REMEMBER TO......

☐ Proof read this entire worksheet for accuracy. If pertinent information is left blank, this form will be returned and may affect your student financial aid eligibility.

<u>WARNING:</u> If you purposely omit or give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Questions? Please contact your Financial Aid Counselor for assistance at:

Last Name A-K
CAMI MILLER
864.644.5519
cmiller@swu.edu

Last Name L-Z
KIM COTTON

864.644.5507 kcotton@swu.edu

P.O. Box 1020 Central, S.C. 29630 Phone: 1-800-289-1292 Fax: (864) 644-5970