



UNIVERSITY of MAINE *at* AUGUSTA

UMA Student Financial Services
46 University Drive
Augusta, ME 04330-9410

(207) 621-3455 or 1-877-862-1234
Fax: (207) 621-3384 or TTY: 1-800-316-3600
umafa@maine.edu

2018-2019 INDEPENDENT VERIFICATION FORM

Your Free Application for Federal Student Aid (FAFSA) was selected by the U.S. Department of Education for a review process called "verification". In this process, we will be comparing information from your FAFSA with copies of your 2016 IRS tax return transcript, with W-2 forms or other financial documents. The law states we have the right to ask for this information before awarding Federal Aid. You must complete this form and return it to Student Financial Services as soon as possible. You will **not** receive an award or a disbursement of financial aid until this process is complete.

PART 1: STUDENT

Student's Name _____ Student ID# _____

Address _____ Date of Birth _____

City/Town _____ State _____ Zip _____ Daytime Phone _____

PART 2: FAMILY

Please list below the number of people in your household, which you will support between July 1, 2018 and June 30, 2019. Include:

- Yourself and your spouse if you are married, and
- Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, even if they do not live with you, and:
- Other people only if they now live with you, you provide more than half of their support, and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019. (Documentation may be required)

Full Name	Age	Relationship	*Will this person be attending college at least ½-time during the 2018-2019 school year?	Name of College this person will be attending during the 2018-2019 school year *This person must be admitted to a degree or certificate program
		STUDENT	<input type="checkbox"/> yes <input type="checkbox"/> no	
		Spouse	<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	
			<input type="checkbox"/> yes <input type="checkbox"/> no	

(If necessary, attach an additional sheet)

Student Name: _____ Student ID #: _____

PART 3: INCOME

You are required to submit income information. **For faster processing, login to www.fafsa.gov and use the IRS Data Retrieval Tool to make corrections to your FAFSA if you did not use the IRS Data Retrieval on your initial FAFSA.** IRS Data Retrieval allows you to obtain your income information directly from the IRS. **DO NOT** change this information once it has been retrieved electronically. If you filed an amended tax return or married but filed separately, you are not eligible for IRS Data Retrieval and must submit a **tax return transcript from the IRS**. You may request a copy of your **tax return transcript** by going online to <https://www.irs.gov> or call (800) 908-9946.

PART 3a: STUDENT AND SPOUSE INCOME

Please select one of the following regarding your income earned in 2016:

- ☐ I (we) filed a 2016 Federal Income Tax Return AND used or will use IRS Data Retrieval Tool to correct my FAFSA data.
- ☐ I (we) am not eligible for IRS Data Retrieval and will submit tax transcript(s) obtained directly from the IRS because: _____.
- ☐ I (we) filed an amended tax return and will submit a signed copy of my 1040X and a tax return transcript.

PART 3b: NON-TAX FILERS

Student Non-Tax Filer Information:

- ☐ I worked during 2016 and I was not required to file a 2016 Federal Tax Return. (You must submit copies of all W-2 forms from each employer).

Your Employer (s)	Total (s)	Your Spouse's Employer (s)	Total (s)
	\$		\$
	\$		\$
	\$		\$
	\$		\$

- ☐ I did not earn any income during 2016 and I am not required to file a 2016 Federal Tax Return.

Spouse Non-Tax Filer Information:

- ☐ My spouse worked during 2016, but did not and was not required to file a 2016 Federal Tax Return. List employers and wages earned. (Your spouse must submit copies of all W-2 forms from each employer).

Your Employer (s)	Total (s)	Your Spouse's Employer (s)	Total (s)
	\$		\$
	\$		\$
	\$		\$
	\$		\$

- ☐ My spouse did not earn any income in 2016.

NEW You must provide documentation directly from the IRS that indicates a 2016 Income Tax Return was not filed with the IRS. Request a "Non-tax Filing Letter" directly from the IRS by submitting form 4506-T. You can obtain this form at www.irs.gov or from Student Financial Services.

Student Name: _____ Student ID #: _____

PART 4: STUDENT WORKSTUDY

Check here if Check here if you had work study in 2016. Amount of work study earnings \$ _____

PART 5: ALL APPLICANTS – FEDERAL BENEFIT PROGRAMS

Place a (✓) next to each of the federal benefit programs listed below that anyone in your family (included in the household as reported on the FAFSA) received anytime during 2016 or 2017:

Federal Benefit Program	YES
Supplemental Security Income (SSI)	
Social Security Disability Income (SSDI)	
TANF	
WIC	
Free or Reduced Lunch	

PART 6: OTHER INCOME

List below all sources and amounts of **2016** untaxed income. If zero, write “NONE.” If this section is left blank it can delay your financial aid. (List **yearly** totals, not monthly amounts) **Do not include** student aid, welfare payments such as TANF, untaxed social security benefits, SSI, SSDI, or combat pay.

PART 7: CERTIFICATION

STUDENT	TOTAL UNTAXED INCOME FOR 2016	SPOUSE
\$	Payments to tax-deferred pensions and savings plans including amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$
\$	Child support RECEIVED for all children. Don't include foster care or adoption payments.	\$
\$	Rollovers included as untaxed portions of IRA Distributions or Pensions (IRS Form 1040 lines 15a minus 15b or 1040A lines 11a minus 11b; IRS form 1040 lines 16a minus 16b or lines 12a minus 12b).	\$
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC)	\$
\$	Workers Compensation	\$
\$	Other untaxed income: (Specify: _____)	\$
\$	Cash received or any money paid on your behalf, not reported elsewhere on this form.	XXXXXX
<input type="text"/>		<input type="text"/>

By signing this form, I (we) certify that all of the information reported to qualify for student financial aid is complete and correct. **WARNING:** If I (we) purposely give false or misleading information on this form, I (we) may be fined, sentenced to jail, or both.

Student's Signature _____

Date _____

Spouse's Signature _____

Date _____

Return completed form to: UMA Student Financial Services, 46 University Drive, Augusta, ME 04330

Questions? Call 1(877)862-1234, ext. 3455 or 1(207)621-3455, or e-mail us at: umafa@maine.edu