

UMA Student Financial Aid 46 University Drive Augusta, ME 04330-9410 (207) 621-3412 or 1-877-862-1234 Fax: (207) 621-3384 or TTY: 1-800-316-3600 umafa@maine.edu

## 2020-2021 DEPENDENT 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 (and your parents') 2018 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 Aid as soon as possible. You will <u>not</u> 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 your parent(s) will support between July 1, 2020 and June 30, 2021. Include:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parents, and
- Your and your parents' other children (include only if they get more than half of their support from your parent(s) or if they would be required to provide parental information when applying for federal aid.)
- Other people only if they were living with your parents, *received more than half of their support* from your parent(s), and will continue to receive more than half of their support from July 1, 2020 through June 30, 2021. (Documentation may be requested).

|           |     |                  | *Will this person be attending college at | Name of College this person will be attending during the |
|-----------|-----|------------------|---|--|
|           |     |                  | least ½-time during                       | 2020-2021 school year                                    |
|           |     |                  | the 2020-2021                             | *This person must be admitted to                         |
| Full Name | Age | Relationship     | school year?                              | a degree or certificate program                          |
|           |     | Student          | $\Box$ yes $\Box$ no                      |  |
|           |     | Parent (or Step) | XXXXXXXX                                  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  |
|           |     | Parent (or Step) | XXXXXXXX                                  | XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX                  |
|           |     |                  | □yes □no                                  |  |

(If necessary, attach an additional sheet)

| Student's Name: Stud  | ent ID #:   |
|---|---|
| PART 3: INCOME  |   |
| You and your parent(s) are required to submit income information www.fafsa.gov and use the IRS Data Retrieval tool to make correction the data retrieval tool on the initial FAFSA. IRS Data Retrieval allow directly from the IRS. DO NOT change this information once it has been an amended tax return or are married, filing separately, you are not elsubmit a tax return transcript. You may request a copy of your tax realling (800)908-9946. | s you to obtain your income information een retrieved electronically. If you filed igible for IRS Data Retrieval and must |
| PART 3a: STUDENT INCOME - TAX FILERS Please select one of the following regarding your income earned in 2018  | :   |
| ☐I (the student) filed a 2018 Federal Income Tax Return AND us my FAFSA data.   | sed IRS Data Retrieval Tool to correct  |
| $\Box$ I (the student) am not eligible for IRS Data Retrieval and will s from the IRS because:  | <u> </u>  |
| $\Box \mathbf{I}$ filed an amended tax return and will submit a signed copy transcript.   | y of my 1040X and a tax return  |
| $\Box$ I (the student) worked during 2018 and I am not required to file copies of all W-2 forms).   | e a 2018 Federal Tax Return (Attach   |
| Student's Employer(s)   | Total(s)  |
|   | \$  |
| ☐I (the <b>student</b> ) did not earn any income during 2018.   | \$  |
| 1 (the student) and not earn any meonic during 2016.  |   |
| PART 3b: STUDENT WORKSTUDY  |   |
| $\ \square$ Check here if you had work study in 2018. Amount of work study ear  | rnings \$   |
| PART 3c: PARENT/STEPARENT(S) INCOME - TAX FILERS  |   |
| Please select one of the following regarding parent income earned during  | g 2018:   |
| ☐ My parent(s) filed a 2018 Federal Tax Return AND used IRS I FAFSA data.   |   |
| ☐ My parent(s) are not eligible for IRS Data Retrieval and will suffrom the IRS because (check one): ☐ My parent(s) are replease explain: ☐   | abmit tax transcript(s) obtained directly married, filing separately □Other,  |
| ☐ My parent(s) filed an amended tax return and will submit a return transcript.   |   |
| PART 3d: PARENT/STEPARENT(S) INCOME - NON-TAX FILE Please select one of the following regarding parent income earned during   |   |
| ☐ My parent(s) worked during 2018, but did not and were not required Please list employers and wages earned. (Attach copies of all W-   | 2 forms).   |
| Your Parent(s)' Employer(s)   | Total(s)  |
|   | \$<br>\$  |
|   | ۵, ۱  |

\$

| lace a (✔) ne                | LAPPLICANTS – FEDERAL BENEFIT PROGRAMS ext to each of the federal benefit programs listed below that anyone in your family reported on the FAFSA) received anytime during 2018 or 2019:  |                |  |
|------------------------------|--|----------------|--|
| <u> </u>                     | Federal Benefit Program YES  | )              |  |
|                              | al Security Income (SSI)   |                |  |
| TANF                         | ity Disability Income (SSDI)   |                |  |
| WIC                          |  |                |  |
| Free or Redu                 | uced Lunch   |                |  |
| Tee of Redi                  | iced Editeri   |                |  |
|                              | THER INCOME  |                |  |
| ank it can de<br>elfare paym | <b>l sources and amounts of <u>2018</u> untaxed income</b> . <u>If zero</u> , write " <b>NONE</b> ." If this elay your financial aid. (List <u>vearly</u> totals, not monthly amounts.) <i>Do not include ents such as TANF, untaxed social security benefits, SSI, SSDI, or combat pay.</i> | e student aid, |  |
| STUDENT                      | TOTAL UNTAXED INCOME FOR 2018  | PARENT(S       |  |
| 5                            | Payments to tax-deferred pensions and savings including amounts reported   | \$             |  |
| <u> </u>                     | on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.  |                |  |
| •                            | Child support <b>RECEIVED</b> for all children. <b>Don't include</b> 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)   |                |  |
|                              | Worker's Compensation  |                |  |
| 6                            | Cash received or any money paid on your behalf, not reported elsewhere on this form.   |                |  |
|                              | Other untaxed income: (Specify:)   | XXXXXX         |  |
| S .                          | ENTER YEARLY TOTAL UNTAXED INCOME  | \$             |  |
| ART 6: CE                    | ERTIFICATION   |                |  |
|                              | is form, I (we) certify that all of the information reported to qualify for student final correct. <b>WARNING:</b> If I (we) purposely give false or misleading information on fined, sentenced to jail, or both. <b>Note</b> : At least one parent must sign this form.                     |                |  |

**Student ID #:** \_\_\_\_\_

Student's Name: