

08-09 INDEPENDENT VERIFICATION FORM

Student's Name

Social Security Number / Banner ID Number

1) ALL STUDENTS MUST SUBMIT THE FOLLOWING DOCUMENT:

COMPLETED, signed copy of your & your spouse's (if applicable) Federal Tax Return, all schedules & W-2 forms for **2007**

*******If you need to obtain a copy of your tax return you can contact your local I.R.S. agency or call 1-800-829-1040.*******

2) COMPLETE THIS SECTION ONLY IF THE STUDENT and/or SPOUSE WAS A NON-TAX FILER IN 2007.

The student and/or spouse has not filed and is not required to file a 2007 U.S. Income Tax Return. Identify and document all sources of 2007 income (taxable and non-taxable). Use W-2 forms or other earning statements. Call the IRS and request tax account information for 2007. Submit the IRS non file statement with this form.

Employers / Source	2007 Amount

I / We hereby certify that no income tax return has been / will be filed by the student and/or spouse and is not required to be filed for 2007 and all monies received in 2007 are stated above.

Student's Signature

Spouse's Signature

3) INCOME SOURCES FOR 2007. DOLLAR AMOUNTS LISTED BELOW MUST BE ACCOMPANIED BY A STATEMENT FROM THE APPROPRIATE AGENCY THAT PROVIDES THIS BENEFIT. DOCUMENT 1/07 THRU 12/07. Please state yearly totals in the space provided. Answer all questions.

	CIRCLE ONE		AMOUNT	
	YES	NO	STUDENT	SPOUSE
a) Welfare benefits , including Temporary Assistance for Needy Families (TANF) * Statement from Department Of Human Services Is Required.	YES	NO	\$ _____	\$ _____
b) Social Security benefits * Be sure to include SSI benefits and Medicare deductions. * Your 1099 is required. You can obtain a copy from the Social Security Administration @ www.ssa.gov .	YES	NO	\$ _____	\$ _____
c) Housing, food and other living allowances for military, clergy, and others * Include cash payments and cash value of benefits including BAS/BAQ. * Submit LES Statement, if applicable.	YES	NO	\$ _____	\$ _____
d) All Veterans Benefits (educational and non-educational) Non Educational. Include: Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	YES	NO	\$ _____	\$ _____
* If receiving veteran's education benefits please list your anticipated 2008 income: How many months from 7/1/08 through 6/30/09: _____ much per month: _____	YES	NO	\$ _____	How
e) Workers' Compensation, Disability or Combat Pay (amounts not included in AGI)	YES	NO	\$ _____	\$ _____
f) Money received or paid on your behalf (e.g., bills) not reported elsewhere	YES	NO	\$ _____	\$ _____
g) Any other untaxed income or benefits not reported elsewhere	YES	NO	\$ _____	\$ _____

4) CHILD SUPPORT INFORMATION

Note: Your yearly totals must be documented through an appropriate county agency such as Child Support Enforcement Agency (CSEA).

a) Student's marital status is ...

<input type="checkbox"/>	Divorced	As of Date: _____	
<input type="checkbox"/>	Separated-no court action	As of Date: _____	Additional documentation will be requested
<input type="checkbox"/>	Legally Separated	As of Date: _____	
<input type="checkbox"/>	Single, never married		
<input type="checkbox"/>	Widowed	Please document Social Security Benefits	

b) Was child support **received in 2007 for any child in the home?** Yes No 2007 Total: \$ _____

c) Was child support **paid in 2007 for any child not living in your home?** Yes No 2007 Total: \$ _____

Please list the child(ren)for whom this support was paid: _____

5) HOUSEHOLD SIZE AND NUMBER IN POST-SECONDARY INSTITUTIONS*

Write the people you will support between 7/1/08 – 6/3/09. INCLUDE YOURSELF AND YOUR SPOUSE.

NAME	AGE	RELATIONSHIP TO JCU STUDENT	NAME OF SECONDARY OR POST-SECONDARY INSTITUTION FOR 2008-2009	ENROLLMENT STATUS (FULL-TIME, HALF-TIME, OR LESS THAN HALF-TIME)
1.		SELF	JOHN CARROLL UNIVERSITY	
2.				
3.				
4.				
5.				
6.				

* - If more than 6 family members, please attach an additional sheet listing the above information for each additional family member.

CERTIFICATION

By signing this Certification, we confirm that all information reported in support of the student's application for financial assistance is complete and accurate.

Student Signature

Student E-mail Address

Who is the best contact for additional questions on this form?

Spouse's Signature

Spouse E-mail Address

Name/Relationship

Best contact/Phone number