

09-10 INDEPENDENT VERIFICATION FORM

Student's Name _____

Social Security Number / Banner ID Number _____

PLEASE SUBMIT THE FOLLOWING:

COMPLETED, **signed** copy of the student's Federal Income Tax Return, all schedules and W-2 forms for **2008**
*******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.*******

IF YOU DID NOT AND ARE NOT REQUIRED TO FILE A 2008 FEDERAL TAX RETURN CHECK HERE _____
Identify & document all sources of income for 2008 (taxable and non-taxable) INCLUDE W2 STATEMENTS

Employers / Source	2008 Amount

I hereby certify that no income tax return has been filed/will be filed and is not required to be filed for 2008 and all monies received in 2008 are stated above. I will submit verification from the IRS that I am a non-tax filer for 2008.

Student's Signature _____

If Combat or Special Combat pay was received in 2008 enter the amount that was taxable and included in your AGI \$ _____
 Combat Pay is reported in the W2 in box 12

UNTAXED INCOME (YEARLY TOTALS) ** YOU MUST DOCUMENT YEARLY TOTALS **

IN 2008 DID YOU RECEIVE?	(YOU MUST ANSWER EACH QUESTION)	CIRCLE ONE	AMOUNT	
			STUDENT	SPOUSE
Payments to tax-deferred pensions and savings plans (paid directly or withheld from Earnings) including but NOT LIMITED TO amounts reported on the W2 box 12.	YES NO	\$ _____	\$ _____	
Housing, food and other living allowances FOR military, clergy, and others (including cash payments and cash value of benefits) including BAS/BAQ. *INCLUDE LES STATEMENT *	YES NO	\$ _____	\$ _____	
Veterans noneducation benefits such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	YES NO	\$ _____	\$ _____	
Any other untaxed income or benefits not reported elsewhere NOT INCLUDING Social Security, Welfare, Child tax credit or Earned Income Credit	YES NO	\$ _____	\$ _____	
Workers' Compensation, Disability or Combat Pay not included in AGI	YES NO	\$ _____	\$ _____	
Money received or paid on your behalf (ex. bills) not reported elsewhere on this form.	YES NO	XXXXXXXXXX	\$ _____	
Receive veteran's education benefits? If yes. How many months from 7/1/09 - 6/30/10? _____ How much per month \$ _____				
Indicate the type of benefits: Chapter 30, 31, 1607, etc... _____				

CHILD SUPPORT INFORMATION *YOU MUST DOCUMENT YEARLY TOTALS THROUGH A COUNTY AGENCY*****

1. Student's marital status: _____ Married _____ Divorced _____ Separated-no court action. _____ Widowed
 _____ Legally Separated _____ Single, never married Date of divorce or separation _____

2. Was child support received in 2008 for any child in the home? Yes No How much per year? \$ _____

3. Was child support paid in 2008 for any child not living in your home? Yes No If yes, how much did you pay \$ _____

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

HOUSEHOLD SIZE/NUMBER IN POST-SECONDARY INSTITUTIONS

Write the people you will support between 7/1/09 – 6/3/10. INCLUDE YOURSELF AND YOUR SPOUSE.

NAME	AGE	RELATIONSHIP TO JCU STUDENT	ENROLLMENT IN SECONDARY OR POST-SECONDARY INSTITUTION FOR 2009-2010 SCHOOL NAME AND CLASS LEVEL	ENROLLMENT STATUS (FULL-TIME, HALF-TIME, OR LESS THAN HALF-TIME)
1.		SELF	JOHN CARROLL UNIVERSITY	
2.				
3.				
4.				
5.				
6.				

CERTIFICATION

By signing this Certification, we confirm that all information reported in support of the student's application for financial assistance is complete and correct. THE JOHN CARROLL INITIATIVE GRANT CAN NOT BE VALIDATED UNTIL THIS FORM IS COMPLETE, SIGNED, AND ACCOMPANIED BY ALL APPROPRIATE DOCUMENTATION.

Student's Signature

Student's E-mail address

Spouse's Signature

Cell phone numbers

TRANSFER STUDENTS: DID YOU EARN MONEY FROM A WORK STUDY JOB FROM YOUR PREVIOUS INSTITUTION.
 YES _____ AMOUNT \$ _____ NO _____