

## INDEPENDENT VERIFICATION 2007-2008



**Office of Financial Aid**  
**257 Martindale Center**  
**Post Office Box 1848**  
**University, MS 38677-1848**  
**Toll Free: (800)891-4596**  
**Fax: 662-915-1164**  
**faverify@olemiss.edu**

The United States Department of Education selects approximately 1/3 of all the submitted Free Applications for Federal Student Aid (FAFSA) for the verification process. All students chosen for verification must submit the appropriate documentation to The University of Mississippi's Office of Financial Aid. Please complete this worksheet and return the requested supporting documents to our office. The Office of Financial Aid must compare yours (and your spouse's, if married) tax documents with information you submitted on your FAFSA prior to awarding any federal and state aid. Once we receive your documents, we will review them and make any necessary corrections electronically to your Student Aid Report (SAR). **DURING THIS REVIEW, DO NOT MAKE ANY CHANGES TO YOUR FAFSA.** The timeline for processing your verification folder is generally one week during non-peak seasons. We will scan your worksheet, so please write legibly.

### A. Student Information

Last name	First name	M. Initial	Student ID#
Email Address _____ @olemiss.edu			Date of Birth _____
( ) _____ Home Phone Number		( ) _____ Local Phone Number	
Student Status: _____ Undergraduate/Pharmacy 1-4      _____ Graduate/Law/Pharmacy 5-6			

### B. Household Information

List the people in **your household**. Include:

- yourself and your spouse, if married
- your children, if you provide more than half of their support from July 1, 2007 through June 30, 2008, and
- Other people who now live with you and you provide more than 1/2 of their support continuously from July 1, 2007 through June 30, 2008

If any of the household attend college at least half-time (6 hours in a degree or certificate program at a college, university or other post-secondary institution) between July 1, 2007 and June 30, 2008, please include under "College Enrollment".

Full Name	Age	Relationship	College Enrollment
		You - the Student	The University of Mississippi
		Spouse (if applicable)	

(Attach a separate sheet if you need more space)



**2007-2008 INDEPENDENT VERIFICATION** Student ID#: \_\_\_\_\_

**C. SIGNED Tax Forms and Income Information**

Please submit a **SIGNED** copy of yours (and your spouses) complete 2006 Federal Income Tax return (IRS form 1040, 1040A, 1040EZ) or a foreign tax return. You must also **include all W-2s, 1099 forms, Schedule C, Schedule F, and Schedule E.**

If you or your spouse did not file a 2006 Federal Income Tax Return, please sign below.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Spouse Signature**

If you or your spouse did not file a 2006 Federal Income Tax Return please complete the table below to explain how you supported yourself during 2006. You must submit all W-2 and 1099 forms that you received for 2006 even if you were not required to file a tax return.

Sources of Income	Student's Annual Amount (2006)	Spouse Annual Amount (2006)

**(Attach a separate sheet if you need more space)**

**D. Worksheet**

Please fill in the blanks below with the correct amounts received during the 2006 calendar year. If you did not receive an amount, please enter zero. **Incomplete worksheets cannot be processed.**

Student	Worksheet A	Spouse
\$	Welfare and TANF benefits. <b>DO NOT INCLUDE FOOD STAMPS OR SUBSIDIZED HOUSING.</b>	\$
\$	Social Security benefits. Report only benefits paid to you or your spouse. <b>YOU MUST SUBMIT A COPY OF YOUR 2006 SOCIAL SECURITY BENEFITS STATEMENT TO OUR OFFICE.</b>	\$

Student	Worksheet B	Spouse
\$	Child support RECEIVED. (DO NOT INCLUDE FOSTER CARE/ADOPTION PAYMENTS.)	\$
\$	Foreign income exclusion. <b>See IRS Form 2555, line 45 or IRS Form 2555EZ, line 18.</b>	\$
\$	Special Fuels federal tax credit. <b>See IRS Form 4136, line 20</b> (nonfarmers only).	\$
\$	Cash payments/cash values paid to military, clergy, others for housing, food, living allowances	\$
\$	Veterans noneducation benefits (i.e. Disability, Death Pension, DIC, and/or VA Educational Work-Study allowances)	\$
\$	Other untaxed income not on reported on your FAFSA Worksheets A and B. (i.e. worker's compensation, untaxed portions of railroad retirement benefits, Black Lung benefits, disability) NOTE: Tax filers only report COMBAT pay not included in your AGI. <b>DO NOT INCLUDE:</b> student aid, Workforce Investment Act educational benefits, combat pay if you are a non-filer, or benefits remaining from flexible spending (i.e. cafeteria meal plans).	\$
\$	Money received or paid on your behalf (e.g., bills), not reported elsewhere.	\$

Student	Worksheet C	Spouse
\$	Child support PAID. (DO NOT INCLUDE SUPPORT FOR CHILDREN IN YOUR HOUSEHOLD, AS REPORTED ON FAFSA QUESTION 90.	\$
\$	Taxable earnings from <b>need-based</b> employment programs and portions (i.e. Federal Work-Study or assistantships, fellowships, internships)	\$
\$	Student grants and scholarship aid reported to the IRS in your (and your spouses) adjusted gross income. Includes AmericCorps benefits (award living allowances and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships.	\$

**E. Agreement Release**

By signing this worksheet, I (we) certify that all information reported to qualify for Federal Student Aid is complete and correct, and that I understand no federal aid can be awarded or disbursed until this process is complete, and all necessary changes have been confirmed by the Federal Processor, I further understand that in some cases, the Office of Financial Aid may have to request additional information. Therefore, the Office of Financial Aid will notify the student via phone or the Ole Miss E-mail account. If I purposely give false/misleading information on this worksheet, I may be prosecuted and fined, sentenced to jail time, or both. Furthermore, if I forge another's signature, I may be prosecuted for falsifying information to both the University and Federal Government.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Spouse's Signature \_\_\_\_\_

Date \_\_\_\_\_