



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 PO Box 311370
 Denton, TX 76203-1370
 Fax: (940) 565-2738

2008-2009 Dependent Verification Statement

SECTION A: STUDENT INFORMATION

Name:	UNT Assigned ID:
Telephone (include area code):	Social Security Number:

Your application was selected by the U.S. Department of Education for review in a process called “**VERIFICATION**”. In this process we are required by federal law (34CFR, Part668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form and *signed* copies of the 2007 federal income tax forms completed by you. If there are differences between your application and the documents you have submitted, corrections will need to be made.

We cannot process your financial aid until verification has been completed.

SECTION B: HOUSEHOLD INFORMATION

- List yourself (the student) below.

Full Name	Age

- List *your parent(s) below*: If your parents are separated or divorced, include only the parent whose information you were required to provide on the FAFSA. If the parent you counted has married or remarried and you have a stepparent, you must include information about your stepparent.

Full Name	Age	Relation to Student

- List your parent(s) *other children below* if your parent(s) will provide more than half of their support from July 1, 2008 through June 30, 2009 or if the children would be required to provide parental information when applying for federal student aid.
- Include other people *only* if they now live with your parent(s) and get more than half of their support from your parent(s), **AND** will continue to get this support from July 1, 2008 through June 30, 2009.
- Write in the name of the college for those who will be attending college at least half-time between July 1, 2008 and June 30, 2009, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relation To Student	Name and State of College

SECTION C – PART 1: TAX INFORMATION – STUDENT CERTIFICATION

STUDENT (Check ONE box):

- My signed 2007 IRS Income Tax return is attached to be submitted to the financial aid office
- I was not required to file taxes because I didn’t work
- I was not required to file taxes because my earned income was below the tax filing limit (please list your source(s) of income in the boxes to the right):

Employer’s Name or Source of Income	Income Amount
	\$
	\$

SECTION C: TAX INFORMATION – PARENT CERTIFICATION

MOTHER/STEP-MOTHER (Check ONE box):

- My signed 2007 IRS Income Tax return is attached to be submitted to the financial aid office
- I was not required to file taxes because I didn't work
- I was not required to file taxes because my earned income was below the tax filing limit (please list your source(s) of income in the boxes to the right):

Employer's Name or Source of Income	Income Amount
	\$
	\$

FATHER/STEP-FATHER (Check ONE box):

- My signed 2007 IRS Income Tax return is attached to be submitted to the financial aid office
- I was not required to file taxes because I didn't work
- I was not required to file taxes because my earned income was below the tax filing limit (please list your source(s) of income in the boxes to the right):

Employer's Name or Source of Income	Income Amount
	\$
	\$

SECTION D: UNTAXED INCOME

Both tax filers and non-tax filers must complete this section. Enter **ONLY** annual amounts received during the calendar year from January 1, 2007 to December 31, 2007.

NOTE: You must enter an amount or check the 'none' box for both Student and Parent for each line.

	Student		Parent	
	Untaxed Income	None	Untaxed Income	None
Untaxed Portions of IRA Distributions form 1040 lines (15a minus 15b) or 1040A lines (11a minus 11b). Exclude rollovers.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Untaxed Portions of Pensions from 1040 lines (16a minus 16b) or 1040A lines (12a minus 12b). Exclude rollovers.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Untaxed Social Security Benefits.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Tax exempt interest income from 1040 line 8b or 1040A line 8b.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from 1040 lines (28 + 32) or 1040A line 17.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Earned Income Credit from 1040 line 66a; 1040A line 40a; 1040EZ line 8a.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Additional Child Tax Credit from 1040 line 68 or 1040A line 41.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
AFDC Benefits including Welfare benefits, including Temporary Assistance for Needy Families (TANF). Do not include food stamps or subsidized housing.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Support Received for all children. Do not include foster care or adoption payments.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Living Allowance including housing, food and other living allowances for military, clergy and others (including cash payments and cash value of benefits).	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Payments to Tax-Deferred Pension and savings plans, including but not limited to, amounts reported on the W-2 boxes 12a through 12d, codes D, E, F, G, H and S.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Foreign Income Exclusions from IRS Form 2555 line 43 or 2555EZ line 18.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other Untaxed Income – Identify source(s): _____	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Veteran's Non-Educational Benefits , such as Death Pension, or Dependency & Indemnity Compensation (DIC).	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Special Fuels Credits from IRS Form 4136 line 10 – non-farmers only.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Cash Received or paid on your behalf.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>

SECTION E: CERTIFICATION

I certify that all the information contained on this form is complete and correct and that there is no forgery of signature(s).

Student Signature _____ Date _____ Parent Signature _____ Date _____
 X _____ X _____

Student Financial Aid and Scholarships Use Only

Checklist = I or R <input type="checkbox"/>	0 Wkst A Total <input type="checkbox"/> <input type="checkbox"/>	Stu Par	HH Info n/a <input type="checkbox"/>	QA <input type="checkbox"/>	Checklist to Received <input type="checkbox"/>
EFC = Official <input type="checkbox"/>	0 Wkst B Total <input type="checkbox"/> <input type="checkbox"/>	Stu AGI/Form: _____	Tax Form Data <input type="checkbox"/> <input type="checkbox"/>	QA Initials _____ Date _____	
Pkg Stat = Applied <input type="checkbox"/>	Parent # HH: _____	Student Tax: _____	Wkst B <input type="checkbox"/> <input type="checkbox"/>	Completed By: _____ (initials)	
PJ = Blank <input type="checkbox"/>	Parent # Col: _____	Par AGI/Form: _____	Consol & Save <input type="checkbox"/>	Route to file: _____ (date)	
Parent Marital Status: _____		Parent Tax: _____	Comp Checklist <input type="checkbox"/>	Checked By: _____ (initials)	