



Please return this form to:
 University of North Texas
 Student Financial Aid and Scholarships
 1155 Union Circle #311370
 Denton, TX 76203-5017
 Fax: (940) 565-2738

2009-2010 Independent/Married 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 you and your spouse’s 2008 federal income tax forms. You can request copies of your tax forms from your tax preparer or a tax transcript from the IRS by calling 1-800-829-1040.

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) and your spouse below.

Full Name	Age	Name and State of College

- List your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, **and** other people if they will now live with you, **and** you provide more than half of their support **and** will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.
- Write in the name of the college for those who will be attending college at least half-time between July 1, 2009 and June 30, 2010, 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 2008 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 of income in the boxes to the right):

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

SECTION C – PART 2: TAX INFORMATION – SPOUSE CERTIFICATION

SPOUSE (Check ONE box):

- My signed 2008 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 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, 2008 to December 31, 2008.

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

	Student		Spouse	
	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"/>
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"/>
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"/>
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"/>
Veteran's Non-Educational Benefits , such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Other Untaxed Income not reported, such as worker's compensation, disability, etc. DO NOT include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$	<input type="checkbox"/>	\$	<input type="checkbox"/>
Money Received or paid on your behalf (e.g. bills) not reported elsewhere on this form.	\$	<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 _____ Spouse Signature _____ Date _____
 X _____ X _____