

VADI-9
Independent

**2018-2019 Verification
Additional Dependents
Vincennes University**

Student Financial Services
1002 N. 1st St., Vincennes, IN 47591
Ph: 812-888-4361
Fax: 812-888-4261

Student Name _____ ID# _____

Street Address _____ City _____ State _____ Zip _____

Phone or cell # _____ E-mail _____

On the verification worksheet you list a person or persons in your household who are not your spouse or child. In other words you have said that you are providing more than half support for each person (other than spouse or child) who lives with you now and through June 30, 2019.

So that we can verify this, please provide this form for each dependent, other than your children or spouse.

Name	Date of Birth	Relationship to You
_____	_____	_____
_____	_____	_____
_____	_____	_____

If A dependent listed above has filed a 2016 federal tax return, please submit a copy of that person's 2016 federal tax return form, signed by them. You may submit the tax return to our office by mail, fax, or e-mail attachment.

If A dependent listed above, who is now age 18 or older, was not required to file a 2016 federal tax return, have him/her indicate below the total dollar amount of any wages earned in 2016 and then read, sign, and date the statement below.

Amount earned from work in 2016 _____ (Do not leave blank. If no earnings, enter 0.)

I affirm that either I did not work for pay in 2016 or I did not earn enough that I was required to file a 2016 federal income tax return.

Signature of person age 18 or older named above

Date

(Over for page 2)

Printed Student Name

Student ID #

Provide information about any other resources, benefits, and amounts received by those you have listed in your household.

Include such things as disability benefits, federal veterans educational benefits, workers' compensation, retirement benefits, student aid, SNAP (food stamp) benefits, untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, and cash payments from others.

Who received?	2016 Amount	Source
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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Additional explanations if you have any to provide:

Read and sign below.

- If you have questions about how to complete this form properly, you are welcome to call 812-888-4361 and ask to make an appointment with a student financial services counselor.
- Please return all documents together as soon as possible. If you wait to submit documents until after the end of semester or after you have withdrawn, you may not be eligible for any federal/state financial aid.
- If we require additional information or documentation, we will contact you by either the phone number or the e-mail address you list on page 1.
- **Purposely giving false or misleading information may result in fines, jail sentence, or both.**

By signing below, I affirm that all the information on pages 1 and 2 is complete and correct.

Student signature

Date