

VOTH-9

**2018-2019 Verification
Other 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 _____

You answered “Yes” to one of these questions: “Do you have ...children who will receive more than half of their support...” or “Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2019.”

If you have answered this question incorrectly, return to your FAFSA to make a correction. Change the answer to “No,” and answer the questions about your parent(s). Then you and a parent will have to sign and submit the corrected FAFSA. (You then do not have to return this form.)

If you really do provide more than half support for someone who is not your child or spouse, please provide the information on this form about each dependent.

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

If your dependents listed above have filed or will file a 2016 federal tax return, have them obtain their 2016 *IRS tax return transcripts*. Go to <https://www.irs.gov/individuals/get-transcript> and request it. Click on either the “Get Transcript ONLINE” button or the “Get Transcript by MAIL” button and follow directions. You may submit the transcript to our office by mail, fax, or e-mail attachment.

*NOTE: They should request the tax return transcript, **not** the tax account transcript.*

If your dependents listed above, who are now older than age 18, were not required to file a 2016 federal tax return, have them submit a signed statement that they did not file and were not required to file and the total dollar amount of any wages earned. They must also submit the 2016 W-2s and/or 1099s that show this amount.

Printed Student Name

Student ID #

Additional information: So that we can fully understand your financial situation, please provide below information about any other resources or benefits, and the amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA. Include such things as federal and state student aid (including loans), child support, veteran education benefits, military housing, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, etc.

| Other Resources Received | Who Received funds | 2017 Amount \$\$ |
|--------------------------|--------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Money received or paid on your behalf (e.g., payment of student's bills). Enter the total amount of cash support you, the student, received in 2017. Include support from a significant other or a parent(s). For example, if someone other than yourself is paying rent, utility bills, etc., or gives you cash, gift cards, etc., include the amount of that person's contributions.

| | Name on bill | Paid by whom? | How much paid in 2016? |
|-------------------------------|--------------|---------------|------------------------|
| Rent/Mortgage | _____ | _____ | _____ |
| Utilities (water,gas,etc) | _____ | _____ | _____ |
| Phone (landlines,cell phones) | _____ | _____ | _____ |
| Car payment | _____ | _____ | _____ |
| Insurance (auto,health,home) | _____ | _____ | _____ |
| Food (estimate) | _____ | _____ | _____ |
| Miscellaneous | _____ | _____ | _____ |

2018 Income. In the area below, please provide additional income received in 2018, not received in 2017. *This will not be reported on your FAFSA but will provide a clearer understanding of how you are supporting the household size reported on your verification worksheet.*

| Other resources received | Who received funds | 2018 Amount \$\$ |
|--------------------------|--------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

By signing this form, I certify that all of the information provided is true and complete to the best of my knowledge and agree, if asked, to provide information that will verify the accuracy of this form.

Student signature _____ Date _____