

Office of Financial Aid • 3200 Cold Spring Road • Indianapolis, IN 46222  
 317.955.6040 or 800.834.5494 • Fax: 317.955.6424 • finaid@marian.edu

**What is Verification?**

Your application was selected by the U.S. Department of Education for review in a process called "Verification". The Marian University Office of Financial Aid must compare information from your FAFSA with information you provide on this worksheet and other documents. If there are differences between your application information and the documents you submit, your application may need to be reprocessed. The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan request until all verification requirements have been met and the necessary corrections have been made.

**What You Should Do:**

1. The U.S Department of Education no longer allows a preparer's copy of tax returns to satisfy the Verification requirement. You may print on demand a **TAX RETURN TRANSCRIPT** from the Internal Revenue Service at [www.irs.gov](http://www.irs.gov) under Get a Tax Transcript then Get Transcript Online. You can also order a **TAX RETURN TRANSCRIPT** from the Internal Revenue Service online at [www.irs.gov](http://www.irs.gov) or by phone at 1-800-908-9946. Obtain a **2018 Federal IRS Tax Return Transcript** for yourself and your spouse (if married). **Note: If you used the IRS Data Retrieval tool to transfer your IRS income data to your FAFSA, you may not have to submit the IRS Tax Return Transcript.**
2. Fill in and sign this worksheet.
3. Review your Student Aid Report (SAR), information request letters from the Office of Financial Aid and the second page of this worksheet to see if you need to submit other documentation (tax return transcript, proof of receipt of food stamps (SNAP), proof of child support paid, etc.).
4. Submit the completed worksheet, tax return transcripts (if required), and any other documents to the Office of Financial Aid.

**A. STUDENT AND FAMILY INFORMATION**

Last Name	First Name	M.I.	Social Security Number
Address (include apt. #)			Date of birth
City	State	Zip	Phone Number

List the people that you will support between July 1, 2020 and June 30, 2021. Include yourself, your spouse (if married), and your children (if any) if you will provide more than half of their support. Include other people only if they now live with you and you provide more than half their support and will continue to provide more than half of their support through June 30, 2021.

Also, write the name of the college for any family member who will be attending college at least half-time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

NAME	AGE	RELATIONSHIP	COLLEGE ATTENDING
		<i>Self</i>	<i>Marian University</i>

**B. STUDENT'S (AND SPOUSE'S) INCOME & BENEFITS INFORMATION**

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Check the appropriate boxes below and provide the requested information and documents:

- I/We used the IRS Data Retrieval Tool to transfer my/our 2018 income information to the FAFSA and made no further changes to the information.
- I/We did not (or could not) transfer my/our 2018 income information to the FAFSA using the IRS Data Retrieval Tool. I/We have attached a copy of my/our **2018 IRS Tax Return Transcript(s)**.
- I/We did not file and were not required to file a 2018 Federal Income Tax Return, but had income earned from work in 2018 (Attach your **Forms W-2 or 1099** from all sources of earned income. Please list sources and amounts of any earned income received in 2018 for which there is no Form W-2 or Form 1099.)

Employer Name	2018 Amount Earned
	\$
	\$

- I did not file a 2018 Federal Income Tax Return and had no income earned from work in 2018
- In 2018 or 2019, I/we received food stamps benefits. (Attach a copy of your EBT pay history or other proof of receipt.)
- I/We paid **child support** in the amount of \$\_\_\_\_\_ in the year 2018 to \_\_\_\_\_  
(yearly total) (name of child support recipient)  
residing at \_\_\_\_\_  
(recipient's address)  
for the following children: \_\_\_\_\_  
(list names and ages of each child)

**C. CERTIFICATION**

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I certify that all of the information reported on this worksheet is complete and correct.

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

\_\_\_\_\_  
Date