

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

## 2015-16 Institutional Verification Document

Your 2015-16 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and your spouse whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

### Student's Information

_____ Student's Last Name	_____ First Name	_____ M.I.	_____ Student's Identification (ID) Number
_____ Student's Street Address (include apt. no.)			_____ Student's Date of Birth
_____ City State Zip Code			_____ Student's Email Address
_____ Student's Home Phone Number (include area code)			_____ Student's Alternate or Cell Phone Number

### Verification of 2014 Income Information for Student Nontax Filers

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2014 income tax return with the IRS.

#### Check the box that applies:

- The student and spouse were not employed and had no income earned from work in 2014
- The student and/or spouse were employed in 2014 and have listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2 form is provided. [Provide copies of all 2014 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer's Name	2012 Amount Earned	IRS W-2 Provided?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>

### Number of Household Members and Number in College

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2015, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2015, and June 30, 2016, include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>		

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

### Receipt of SNAP Benefits

The student certifies that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2013-2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

Check this box if the student or a member of the student's family did not receive SNAP benefits:

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014

### Child Support Paid

The student or spouse, who is a member of the student’s household, paid child support in 2014. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2013

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

### Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Print Student’s Name

\_\_\_\_\_  
Student’s ID Number

\_\_\_\_\_  
Student’s Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature (Optional)

\_\_\_\_\_  
Date

*Submit this worksheet along with all additional requested documents at one time to the Financial Aid Office or submit all information at one time to  
Financial Aid Office, Mitchell Hamline School of Law, 875 Summit Ave, St. Paul, MN 55105-3076  
Fax: 651-290-6437 Phone: 1-651-290-6403*