



Dominican University of California 2009-2010 Verification Worksheet INDEPENDENT

Fully complete BOTH SIDES of this verification worksheet, sign and submit it to the Financial Aid Office. In addition, please submit a copy of 2008 Federal Taxes (form 1040, 1040A or 1040EZ) for you and your spouse, if applicable. If you did not and were not required to file taxes for 2008 then attach a non-filer form.

Note: If you do not keep a copy of your tax return, request a copy from your tax preparer or request a tax transcript by calling the Internal Revenue Service at 1-800-TAX-1040.

If you have any questions, please call the Financial Aid Office at (415) 257-1350.

Your financial aid application was selected for review in a process called "Verification." In this process, the Financial Aid Office at Dominican University of California must compare information from your FAFSA with signed copies of your and your spouse's (if you are married) 2007 Federal tax forms, and other financial documents. Dominican is required by law to ask for and receive this information before awarding Federal aid. If there are any differences between your FAFSA information and your financial documents, the Financial Aid Office will send any required corrections electronically to the FAFSA processor to have your information reprocessed. *Schools must review the requested information, under the financial aid program rules (34 CFR, Part 668).*

Student Information *(please print clearly)*

Last Name	First Name	Middle Initial	Dominican ID or Social Security Number
Street Address		Email Address	
City	State	Zip Code	Phone Number (include area code)

Student's Household Information

List the people in your household, please include:

- Yourself, and your spouse (if married), and
- Your dependent children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, and
- Other people if they 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 the names of all household members. Also write in the name of the college for any household member, excluding the parent(s), who will be attending college in a degree-granting program for at least half-time study between July 1, 2009 and June 30, 2010.

Full Name	Age	Relationship	College/University
		Self	Dominican University of California

**Complete this section fully, including information for both yourself and your spouse (if married).
If a question does not apply to you, report a zero (0).**

(DO NOT LEAVE ANY ITEMS BLANK)

Untaxed Income and Additional Information from 1/1/2008 – 12/31/2008

AMOUNT

Child support paid because of divorce or separation. Do not include support for household members reported on this form.	\$
Taxable earnings from need-based employment programs, such as Federal Work Study and need-based employment portions of fellowships and assistantships.	\$
Grant and scholarship aid reported to the IRS in the adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
Combat pay or special combat pay. Only enter the amount that was taxable and included in the adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12, Code Q)	\$
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form(s) Boxes 12A through 12D, codes D, E, F, G, H and S.	\$
Child support received for all children. Don't include foster care or adoption payments.	\$
Housing, food, or other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
Veterans' non-education benefits such as Disability, Death pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances.	\$
Other untaxed income not reported, such as workers' compensation, disability, etc. Don't 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.	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$

Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. Please return this form, along with required Federal tax forms to the Financial Aid Office at Dominican.

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

Student Date

Spouse (optional) Date