



Office of Scholarships and
Financial Aid
Newark, DE 19716-6390

Phone: 302-831-2808
Fax: 302-831-3041
Web: www.udel.edu/finaid
Forms: <http://www.udel.edu/finaid/downloadables.html>

2009 – 2010 Verification Worksheet

Your application was selected for review in a process called Verification. In this process, we will be comparing information from your Free Application For Student Aid (FAFSA) with signed copies of your, your spouse's (if married) or your parents' (if you are a dependent) 2008 Federal tax forms, schedules and other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and the Verification documents, we will make the corrections and send the required changes electronically to the Federal student aid processor to have your information reprocessed. We will mail you a revised offer of financial aid assistance only if a change is necessary as a result of the process, within one week of our completion of your file. We must review the requested information under the Federal financial aid program rules.

WHAT YOU SHOULD DO

- Collect SIGNED copies of your and your spouse's (if independent) or parents' (if dependent) 2008 Federal tax forms along with all schedules and attachments. If you need to request a Record of Account of your tax return or wage and income transcript statements for your W-2 forms call the **IRS at 1-800- 829-1040. www.irs.gov**
- Read instructions carefully then complete and sign this worksheet. **IF YOU ARE A DEPENDENT STUDENT***, please make sure that your parent also signs this worksheet. If you have questions about completing this worksheet, please contact our office.
- Mail the completed worksheet and any other documents that we have requested to the following address (please note we do not require a street address because the college has it's own zip code) :
Office of Scholarships and Financial Aid
University of Delaware
Newark, DE 19716-6390

A. Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Identification Number
_____			_____
Permanent Address			City State Zip Code
_____	_____	_____	_____
Phone Number	Cell Phone	Campus Phone (if applicable)	
_____	_____	Please check the category that best describes you:	
Email Address	Date of Birth	_____ Undergraduate Student	_____ Graduate Student

B. Family Information

List the people in your household that will be provided with more than half their support from July 1, 2009 through June 30, 2010:

If DEPENDENT Student*, include:

- * Yourself and your parents you live with (include stepparent)
- * Your parents' dependent children, if your parents provide more than half of their support or if the children would be required to provide parent information when applying for Federal aid.

If INDEPENDENT Student, Include:**

- ** Yourself and your spouse
- ** Your dependent children, if you provide more than half of their support

Include other people as part of your household only if:

They now live with you (if independent) or your parents (if dependent) **AND** you or your parents provide more than half of their support from July 1, 2009 through June 30, 2010.

**** A STUDENT IS CONSIDERED INDEPENDENT IF ANY OF THE FOLLOWING ARE TRUE:**

- 1) born before January 1, 1986
- 2) will be working on a master's or doctorate program at the beginning of the 2009 – 2010 school year.
- 3) married
- 4) have children or legal dependent(s) other than a spouse
- 5) emancipated minor
- 6) legal guardianship
- 7) at risk of homelessness
- 8) an orphan or ward of the court or in foster care at any time since you turned age 13
- 9) veteran of the U. S. Armed Forces
- 10) on active duty for other than training purposes
- 11) unaccompanied youth determined by your high school or HUD on or after July 1, 2008

Name of student and family members (as outlined above)	Relationship to the student	Date of Birth mm/dd/yyyy	College - (if enrolled at least half-time for 2009-2010 in an undergraduate program). Note: Do <u>not</u> include parents in college.	Expected Graduation Date
	SELF		UNIVERSITY OF DELAWARE	

If you need additional space for family members, attach a separate sheet.

OVER → →

