

We are required to verify the information you reported on your application for financial assistance. Please read and complete all sections of this form. ***IF ANY ITEM IS LEFT BLANK, THIS FORM MAY BE RETURNED TO YOU.*** When you have completed this form, return it with the requested documents to the address provided on the back. Your eligibility for Federal student assistance will be evaluated and you will be notified of any action you must take.

**PRINT YOUR (THE STUDENT'S) NAME AND FMU ID NUMBER OR SOCIAL SECURITY NUMBER ON ALL TAX FORMS AND OTHER DOCUMENTS REQUESTED ON THIS FORM.**

## A. STUDENT INFORMATION

*Last Name* \_\_\_\_\_ *First Name* \_\_\_\_\_ *MI* \_\_\_\_\_ *FMU ID/SS#* \_\_\_\_\_

## B. FAMILY INFORMATION

List the people **in your household** including:

- Yourself and your parent(s) (including stepparent) even if you don't live with your parent(s),
- Your parents' other children, even if they don't live with your parent(s), if (a) your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to provide parental information when applying for Federal Student Aid,
- Other people if they now live with your parent(s) and your parent(s) provide for more than half of their support, and will continue to provide more than half of their support through June 30, 2019.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. If you need additional space, attach a separate page.

Full Name	Age	Birth Date	Relationship	College attending in 2018-19	Marital Status
<i>Missy Jones (example)</i>	<i>18</i>	<i>1-1-2000</i>	<i>Sister</i>	<i>Central University</i>	<i>Single</i>
			<i>Self</i>		

*Complete both pages.*

## C. TAX AND INCOME INFORMATION

DO NOT LEAVE THIS SECTION BLANK!

**Student** (must check one)

(must check one) **Parent(s)**

\_\_\_\_\_ I filed a 2016 tax return and used IRS Data Retrieval to complete the 2018-19 FAFSA. \_\_\_\_\_

\_\_\_\_\_ I filed a 2016 tax return, but did not use IRS Data Retrieval to complete the 2018-19 FAFSA. \_\_\_\_\_

**Attach a copy of your 2016 Tax Return Transcript obtained from the IRS. A copy can be obtained by:**

- Visiting [www.irs.gov](http://www.irs.gov) and using the IRS Get Transcript service.
- Calling 1-800-908-9946

\_\_\_\_\_ I did not work in 2016. **PARENT:** Provide an IRS Verification of Non-filing Letter dated on or after October 1, 2017 for each parent who did not work and did not file taxes for 2016. This can be obtained at [www.irs.gov](http://www.irs.gov) using the IRS Get Transcript service. **STUDENT:** Verification of Non-filing is not required for a student who did not file. \_\_\_\_\_

\_\_\_\_\_ I worked in 2016 but will not file Federal taxes because I am not required to file. Provide an IRS Verification of Non-filing Letter dated on or after October 1, 2017 for each parent who worked but will not file taxes for 2016. This can be obtained at [www.irs.gov](http://www.irs.gov) using the IRS Get Transcript service. Verification of Non-Filing is not required for a student who did not file.

**Attach copies of all 2016 W-2s, 1099 forms, and other earnings statements.**

**List all jobs and earnings in the chart below.**

**Only individuals who worked but did not file taxes for 2016 should complete this chart:**

Person who worked	Employers/Jobs	W-2 Provided (Yes or No)	Amount Earned
			\$
			\$
			\$
			\$

If your parent has had a significant reduction in income or a change in marital status after December 31, 2016, please see the 'Special Circumstances (FAFSA)' link on the Financial Assistance page of the FMU website.

## D. SIGN THIS WORKSHEET

Each person signing this form certifies all the information reported on it is complete and correct. The student and at least one parent must sign and date.

X \_\_\_\_\_  
Student Signature Date

X \_\_\_\_\_  
Parent's Signature Date

Submit to: Francis Marion University • Office of Financial Assistance • PO Box 100547 Florence, SC 29502-0547  
FAX 843-661-1195 • Email: [finasst@fmarion.edu](mailto:finasst@fmarion.edu)

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