AUGSBURG COLLEGE 2015 – 2016 EXPANDED INCOME VERIFICATION

		TI			
Last Name:		First Name:			
SSN:		Augsburg ID:			
Phone # :					
Have you completed a bachelor's degree?	□ NO	YES * IF YES, please check	which degree type: BA or BS		
Are you a transfer student? NO	☐ YES	High School Graduation or GED	Completion Date:/		
Family Information – Complete the T	able Below				
 Your siblings or parents' other If they do not live with y provide more than 50% of the people if they live with y Other people if they live with y If you were NOT required to report you the FAFSA, you are considered an INDI of Yourself and your spouse if you your children if you provide m 	children, eve your parent(s) of their suppo your parent(s) or parent(s) in EPENDENT ou have one.	student and should include: of their support.	s). will 016.		
List Name of All Household Family Mem (Attach additional sheets as needed)	bers Age	Relationship to You	If Attending College in 2015-2016 List the Institution		
1.		S e l f	Augsburg College		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
SNAP Benefits					
Did you, your spouse, or parent(s) receive benefits from the Supplemental Nutrition Assistance Program (SNAP), formerly known as food stamps, any time during the 2013 or 2014 calendar years? NO YES					

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Child Support PAID Information (Attach additional pages if necessary)						
Did you, your spouse, or parent(s) PAY child support in 2014? NO YES If YES, please provide the following information:						
Name of Person Who Paid Child Support	Name of Person Name of Child To Whom Child Support Was Paid For Whom Support Was Paid		Age of Child	Amount of Child Support Paid in 2014		
Example: Jane Doe	John Doe Je		Jenny Doe		\$2500	
					\$	
					\$	
					\$	
Total Child Support Paid in 201					\$	
Signature of the Person Who Paid Child Support: Date:						
Child Support RECEIVED Information (Attach additional pages if necessary)						
Did you, your spouse, or parent(s) RECEIVE child support in 2014? NO YES						
If YES, please provide the following information:						
NOTE: Do not include foster ca	re payments, adoption p	oayments or an	y amount that was court ordered b			
Name of Person Who Received Child Support		Name of Child for Whom Support Was Received		red Am	ount Received in 2014	
Example: John Doe			Jenny Doe		\$1500	
				\$		
				\$		
				\$		
Total Child Support Received in 2014: \$						

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Student Financial Information				
Have you (and/or your spouse) already filed or will you be filing an income tax return for 2014? NO YES				
If YES, please use the IRS Data Retrieval Tool 2-3 weeks after you have electronically filed your taxes.				
To link your 2014 taxes to the FAFSA using the IRS data Retrieval Tool:				
1) Log on to www.fafsa.ed.gov, and select <i>Make a Correction</i> .				
2) Click <i>Student Financial</i> on the tool bar near the top of the page.				
3) Answer the initial tax questions. If all are "No," the FAFSA will provide a link to the IRS Data Retrieval Tool.				
4) When completing the request, enter the information as it appears on your taxes (name, address, etc.)				
5) Once the link is completed, continue on the FAFSA until you reach the confirmation page.				
If NO, please attach copies of all applicable W2 forms.				
• In addition, please list all sources of income from work and total amount earned in 2014.				
Employer: Total: \$				
OR check this box if you and your spouse were not employed and had no income earned from work in 2014				

Student Other Untaxed Income

If any item does not apply, enter N/A for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

Please list annual amount for items listed below.

- ** Other untaxed income includes: Untaxed income not reported elsewhere on this form, workers' compensation, disability, black lung benefits, untaxed portions of HSA (Health Savings Accounts) from IRS form 1040, Line 25, railroad retirement benefits, etc.
- ** Do not include: student aid, earned income credit, additional child tax credit, TANF, untaxed social security benefits, SSI, WIA, combat pay, benefits from flexible spending arrangements, foreign income exclusion, credit for federal tax on special fuels, etc.

Name of Recipient	Type of Untaxed Income	Student Amount
Example: Jane Doe	Money received or paid on the student behalf	\$100
	Money received or paid on the student behalf	
	Payments to tax-deferred pension and savings plans	
	Housing, food, and other living allowances paid to members of the military, clergy	
	Veterans noneducation benefits	
	Other untaxed income**	
	Total Untaxed Income from 2014:	

If any item does not apply, enter N/A for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

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Parents Financial Information (Required for a Dependent Student)	
Have you already filed or will you be	filing an income tax return for 2014? NO YES	
To link your 2014 taxes 1) Log on to www.fafs 2) Click <i>Student Finar</i> 3) Answer the initial ta 4) When completing the	Retrieval Tool 2-3 weeks after you have electronically filed your taxes. to the FAFSA using the IRS data Retrieval Tool: sa.ed.gov, and select <i>Make a Correction</i> . acial on the tool bar near the top of the page. ax questions. If all are "No," the FAFSA will provide a link to the IRS Data Rue request, enter the information as it appears on your taxes (name, address, empleted, continue on the FAFSA until you reach the confirmation page.	
If NO, please attach copies of allIn addition, please list a	applicable W2 forms. all sources of income from work and total amount earned in 2014.	
Employer:	Total: \$	
OR check this box if you w	ere not employed and had no income earned from work in 2014	
Parent Other Untaxed Income		
benefits, untaxed portions of HSA (H ** Do not include: student aid, earned	listed below. ntaxed income not reported elsewhere on this form, workers' compensation, of ealth Savings Accounts) from IRS form 1040, Line 25, railroad retirement be a income credit, additional child tax credit, TANF, untaxed social security ber rrangements, foreign income exclusion, credit for federal tax on special fuels	nefits, etc. nefits, SSI, WIA, combat
Name of Recipient	Type of Untaxed Income	Parent Amount
Example: John Doe	Money received or paid on the parent behalf	\$0
	Money received or paid on the parent behalf	
	Payments to tax-deferred pension and savings plans	
	Housing, food, and other living allowances paid to members of the military, clergy	
	Veterans noneducation benefits	
	Other untaxed income**	
	Total Untaxed Income from 2014:	
sy signing this worksheet, I cer	tify that all the information reported is complete and accura	te.
Student Signature:	Date:	
Parent Signature:	Date:	

(Parent signature is required for a Dependent Student)