Augsburg Verification Form 2016 – 2017

Last Name:		I	First Name:					
SSN:			Augsburg ID:					
Phone # :								
Have you completed a bachelor's degree? NO		_	☐ YES	* IF YES, please check w	which deg	ree type:	□ BA	or 🗌 BS
Are you a transfer student? NO YES			High Scho	ool Graduation or GED C	Completio	on Date:_	Month /	Year (ex:2011)
Family Information – Con	nplete the Table	Below						
 Your siblings or pa If they do not provide more 	a DEPENDENT reparent(s) or sterents' other child to live with your per than 50% of the y live with your per per than 50% or sterents' report your pared an INDEPER spouse if you have	p parent every parent (s), comparent(s), comparent(s) are rent(s) infinitely we one.	nd should yen if you f they don only include from July nd your pa formation udent and	don't live with your parent it live with your parent(s). le them if your parent(s) we 1, 2016 until June 30, 201 rent(s) provide more than swhen completing it should include:	ill 7.	eir suppoi	t.	
		nd you will	provide r	more than 50% of their sup				
List Name of All Household Family Members (Attach additional sheets as needed)		Age	Relationship to You		If Attending College in 2016-2017 List the Institution			
1.			S e l f		Augsburg College			
2.								
3.								
4.								
5.								
6.								
7.								
Child Support Information	,	1 0					1	
Did you, your spouse, or parent(s	s) pay child supp	ort in 2015	9? NO	YES If YES, ple	ease prov	ide the fol	lowing info	rmation:
Name of the Person Name of Po Who Paid Child Support To Whom Child Sup					ns Paid	Age of Child		nt of Child Paid in 2015
							\$	
							\$	
							\$	
,				Total Child Sup	port Paid	in 2015:	\$	
Signature of the Person Who Paid Child Support: Date:								

Page 2

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SNAP Benefits	
Did you, your spouse, or parent(s) receive benefits from the Supplemental Nutrition Assistance Progression of Stamps, any time during the 2014 or 2015 calendar years? NO YES	ram (SNAP), formerly known as
Student Financial Information	
Have you (and/or your spouse) already filed or will you be filing an income tax return for 2015?	NO YES
If YES, please use the IRS Data Retrieval Tool 2-3 weeks after you have electronically filed you To link your 2015 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 When completing the request, enter the information as it appears on your taxes (national continuation). Once the link is completed, continue on the FAFSA until you reach the confirmation.	the IRS Data Retrieval Tool. me, address, etc.)
If NO, please attach copies of all applicable W2 forms.	15
• In addition, please list all sources of income from work and total amount earned in 201	
Employer: Total: \$_	
OR check this box if you and your spouse were not employed and had no income earned	ed from work in 2015
Parents Financial Information: (Required for a Dependent Student)	
Have you already filed or will you be filing an income tax return for 2015? NO YES	
If YES, please use the IRS Data Retrieval Tool 2-3 weeks after you have electronically filed you To link your 2015 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 When completing the request, enter the information as it appears on your taxes (national continuation). Once the link is completed, continue on the FAFSA until you reach the confirmation.	the IRS Data Retrieval Tool. me, address, etc.)
 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 201 	15.
Employer: Total: \$	<u> </u>
OR check this box if you were not employed and had no income earned from work in 2	2015
y signing this worksheet, I certify that all the information reported is complete a	and accurate.
tudent Signature:	Date:
Parent Signature:	
(Parent signature is required for a Dependent Student)	

INCOMPLETE OR UNSIGNED FORMS WILL NOT BE PROCESSED.