UNIVERSITY OF MICHIGAN MEDICAL SCHOOL

FINANCIAL AID OFFICE 5124 Medical Science Building I, C Wing 1301 Catherine Ann Arbor, MI 48109 734-763-4147

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2015-2016 INDEPENDENT VERIFICATION WORKSHEET

STEP 1 - STUDENT INFORMATION

Last Name	First Name	Social Security Number	Student ID Number	
		•		
Permanent Address	Street & Number	City/State/Zip	Date of Birth	
Local Phone Number (Include Area Code)	Permanent Phone Number	r (Include Area Code)	Email Address	

STEP 2 - FAMILY INFORMATION

include:

- Yourself
- Your spouse (if you are married)
- Your children if you will provide more than half of their support from July 1, 2015 through June 30, 2016
- Other people only if they live in your household and you provide more than half of their support and will continue to do so from July 1, 2015 through June 30, 2016

Full Name	Age	Relationship	Name of College/Degree Program (If at least half-time 2015-2016)
		Self	University of Michigan Medical School

STEP 3 - SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM - CALENDAR YEAR 2014

Were you eligible to receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as Food Stamp Program) during the calendar year 2014?

YE	SAttach documentation showing that you qualified for the benefit during the calendar year 2014. Continue to STEP 4
NO	Continue to STEP 4

STEP 4 – STUDENT AND 2014	SPOUSE TAX TRANSCRIPT & INCO	OME INI	FORMATION - CA	ALENDAR YEAR	
_	o file a 2014 Federal Income Tax Return?				
YES Check the appropriate	e box below:				
I used the IRS Data F	Retrieval Tool in completing my FAFSA and I did not	change an	y of the imported informa	ation, continue to STEP 5.	
	RS Data Retrieval Tool or I changed imported informations Transcript from the IRS (NOT a copy of Federal 1				
NO Complete the table bel	ow and attach copies of ALL 2012 W-2 forms and co	ontinue to S	TEP 5.		
(Fill ou	Source of Income t only if you did NOT file taxes)		Amount Earned in 2014		
	TOTAL				
you did not keep a copy of you weeks for the IRS to mail these of STEP 5 – CHILD SUPPPO	ORT PAID – CALENDAR YEAR 2014 se of divorce or separation during the calendar	Please b	e advised that it may	take a minimum of three	
Amount of Child Support Paid	Name of Who Child Support Was Paid To		Name of Child Pay	ying Support For	
TOTAL:					
STEP 6 – CERTIFICATIO	N: By signing this worksheet, I certify all t		ation reported is con	mplete and correct: Student ID Number	
,			. ,		

Date

Spouse Name (Please Print)

Spouse Signature (IF Student is married)