

**University of Illinois at Chicago (UIC)
Office of Student Financial Aid
College of Medicine**

2008-2009 Independent Verification Worksheet

808 South Wood Street, 163 CME
Chicago, Illinois 60612-7301

Phone: (312) 413-0127
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UIN#:

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Class: 2012 2011 2010 2009
Site: Chicago Peoria Rockford Urbana-Champaign

Section A – Student Information (Please print clearly)

Last Name	First Name	M.I.	Email	
Street Address	City	State	Zip Code	

What you should do:

1. Complete this entire worksheet. You must answer all the questions and this form must be SIGNED.
2. If you are an undergraduate student and an Illinois resident, please submit documentation showing proof that you resided in Illinois for 12 continuous full months prior to the beginning of the school's academic year. (*Documents may include Illinois Driver's license, State of Illinois Identification Card, Illinois auto registration card, Illinois Voter's registration card, etc.*)
3. Submit legible 8 ½ x 11 copies of all 2007 W-2 forms/benefit statements for yourself and spouse (if married) and SIGNED copies of your and your spouse's (if married) 2007 Federal income tax returns along with all schedules.
4. Please submit all documents at the same time to the address above, or it may delay processing.
5. Please make sure to include your UIN on all documents.

If there are discrepancies between your Free Application for Federal Student Aid (FAFSA) and the documents reviewed, corrections to your FAFSA will be submitted to the U.S. Department of Education. Additionally, any such corrections may also warrant an adjustment to any financial aid that has already been offered to you for the 2008-09 academic year.

Section B – Family Information

List the people in your household, include:

- Yourself, and your spouse if you have one; and
- Your children, if you will provide more than half of their support from **July 1, 2008 through June 30, 2009**, even if they do not live with you; and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from **July 1, 2008 through June 30, 2009**.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, who will be attending at least half-time between **July 1, 2008 and June 30, 2009**, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College	Expected Graduation
		Self	UIC	

▲ **Section C – Student and Spouse Income Information** ▲

1. For those people who are not required to file a 2007 Federal income tax return per IRS regulations, please indicate so below. Check the appropriate individual(s) who did not file and submit W-2 Forms or other earning/benefit statements (such as Social Security, etc.) for 2007. If for some reason you do not have an earnings/benefit statement for 2007, please submit a signed letter outlining the earning/benefit and the reason you do not have an official statement.

You Your Spouse

2. Indicate any taxable earnings from need-based employment programs, such as Federal Work Study received during the 2007 calendar year (January 1, 2007 – December 31, 2007). \$ _____

3. Both tax filers and non-tax filers must list any untaxed income received in 2007. **BE SURE TO ENTER ZERO (0) IF NO FUNDS WERE RECEIVED.**

<u>Student</u>	<u>Calendar Year 2007 (January 1, 2007 - December 31, 2007)</u>	<u>Spouse</u>
\$ _____	Child support RECEIVED for all children. Don't include foster care or adoption payments.	\$ _____
\$ _____	Child support PAID because of divorce or separation or as a result of a legal requirement. Don't include support for children reported in Section B (Family Information).	\$ _____
\$ _____	Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing.	\$ _____
\$ _____	Social Security benefits received, that were not taxed (such as SSI), for all household members reported in Section B (Family Information). Report benefits paid to spouse in the Spouse column, and benefits paid directly to the student in the Student column. Important: Please make sure to not double count the benefits.	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, resident assistants, and others (including cash payments and cash value of benefits).	\$ _____
\$ _____	Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Other untaxed income not reported, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability and combat pay not included in Adjusted Gross Income on tax return, etc. Don't include student aid, WIA educational benefits, or benefits from flexible spending arrangements (e.g., cafeteria plans).	\$ _____
\$ _____	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ XXXXXX

Section C – Student and Spouse Signatures

By signing this worksheet, I/we certify that all the information reported on this worksheet is correct to the best of our knowledge. If the UIC Office of Student Financial Aid notices a discrepancy, I/we understand corrections to my FAFSA will be submitted directly to the U.S. Department of Education.

Student Signature	Date	Spouse Signature (if married)	Date
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IMPORTANT: Return this original form to the Office of Student Financial Aid. All documentation submitted with this form must:

1. Be legible copies made on 8 ½ x 11 paper.
2. Have UIN clearly printed in upper right hand corner.
3. Have all appropriate signatures.

