

Your financial aid application was selected for a "VERIFICATION" review. The Office of Student Financial Aid (OSFA) will be comparing information from your Free Application for Federal Student Aid (FAFSA) with copies of your, your spouse's (if you are married), and your parent(s) (if applying for campus-based aid) 2009 income documentation. Please return this form to OSFA with the appropriate signed documents attached.

WSU ID: _____ Email: _____

Name: _____ Social Security #: _____

Telephone Number: _____ Birthdate: _____

A. FAMILY MEMBERS – Please list the following (attach a separate page if necessary):

When applying for LOANS ONLY:

- Yourself and your spouse if you are married.
- Your children, if you will provide more than half of their support from July 1, 2010 through June 30, 2011.
- Other people currently living with you and for whom you provide and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

When applying for CAMPUS-BASED AID in addition to LOANS: In addition to people in your household, list the following people in your parent(s) household:

- Your parent(s) (including stepparent). Do not list a college or university for your parents.
- 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, 2010 through June 30, 2011, or (b) the children would be required to provide parental information if applying for federal student aid.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2010 through June 30, 2011.

List the name of the college or university for any household member (except parents) who will be enrolled in college at least half time between July 01, 2010 to June 30, 2011, in a diploma, degree, or certificate program.

Names of Members In The Household	Age	Relationship to You	If Attending a College or University At Least Half Time During 2010-11, Please List
1.		SELF	Wayne State Univ. School of Medicine
2.			
3.			
4.			
5.			

B. 2009 TAX FORMS AND INCOME INFORMATION - Please check all that apply:

- Attach a signed copy of your and your spouse's (if you are married) and your parent(s) (if applying for Campus-Based aid) 2009 federal income tax return (form 1040, 1040A, 1040EZ, a tax return from Puerto Rico, or a foreign income tax return) and copies of all schedules that were submitted with the federal income tax return.
- If you/your spouse and/or your parents did not keep a copy of the 2009 tax return, you must sign and attach an official IRS transcript, which can be obtained by calling the IRS at 1-800-829-1040.

If you, your spouse (if married), and/or your parent(s) **will not file because you are not required to file** a 2009 federal income tax return, please check the appropriate box and complete the information as indicated below:

- Student non-filer Spouse non-filer Parent non-filer

Non-filers must list their employer(s), and any income received in 2009 (use the W-2 form or other earnings statement if available).

Full Name	Relationship	Source of Income for 2009	Amount
			\$
			\$

To confirm answers from FAFSA Question 46: **STUDENT'S 2008 ADDITIONAL FINANCIAL INFORMATION** (Please do not leave any item blank; enter "0" if amount is zero.)

Student/Spouse	Question 94→	Parent(s)
\$	a. Education Credits (Hope and Lifetime Learning tax credits) from IRS Form 1040 – Line 49 or 1040A – Line 31.	\$
\$	b. Child Support paid because of divorce or separation, or as a result of a legal requirement. Do not include support for children in your household, as reported in question 96.	\$
\$	c. Taxable earnings from need-based employment programs, such as Federal Work-Study, and need-based employment portions of fellowships and assistantships.	\$
\$	d. Student grant and scholarship aid reported to the IRS in your Adjusted Gross Income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$
\$	e. Combat pay or Special Combat pay. Enter only the amount that was taxable and included in your adjusted gross income. (Combat pay is reported on the W-2 in box 12, Code Q.)	\$
Total: \$		Total: \$

To confirm answers from FAFSA Question 47: **STUDENT'S 2009 UNTAXED INCOME INFORMATION** (Please do not leave any item blank; enter "0" if amount is zero.)

Student/Spouse	Question 95→	Parent(s)
\$	a. Payments to tax-deferred Pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, for Codes D, E, F, G, H, and S.	\$
\$	b. IRA deductions and payments to Self-Employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040-total of lines 28+32, or 1040A-line 17.	\$
\$	c. Child Support received for all children. (Do not include foster care or adoption payments.)	\$
\$	d. Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$
\$	e. Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	f. Untaxed portions of Pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	g. Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	h. Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$
\$	i. Any other untaxed income not reported elsewhere, such as workers' compensation, disability, etc. Do not include student aid, Earned Income Credit, Child Tax Credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, Combat pay (if you are not a tax filer), benefits from flexible spending arrangements such as cafeteria plans, foreign income exclusion or credit for federal tax on special fuels.	\$
\$	j. Money received, or paid on your <u>behalf</u> , (e.g., bills) not reported elsewhere on this form.	(Does not apply to parent.)
Total: \$		Total: \$

NOTE: By signing this worksheet, I (we) certify that all information reported is complete and correct. You must sign this form. (If you are married, your spouse's signature is optional.) One parent signature is needed for Campus Based applicants only.
Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student Signature	Date
Parent Signature	Date

Return this form with all documents attached to:

Wayne State University School of Medicine
Office of Student Financial Aid
Mazurek Medical Education Commons
320 E. Canfield—Suite 317, Detroit, MI 48201
Ph: 313-577-1039 Fax: 313-993-1342