



Financial Aid Office

Student Last Name

(Please Print)

First Name

Net ID

# 2016— 2017 FAFSA VERIFICATION WORKSHEET

The Financial Aid Office is required to verify the accuracy of information reported on your FAFSA and to make corrections if necessary. Your Financial Aid Award cannot be finalized and aid cannot be paid to your student account until verification is complete. *If possible, all verification documents need to be submitted together.*

You may submit requested documents by:

MAIL: Creighton University  
Financial Aid Office  
2500 California Plaza  
Omaha, NE 68178

SCAN to E-Mail: [finaid@creighton.edu](mailto:finaid@creighton.edu)  
FAX: 402-280-2895

*If you have questions, please don't hesitate to contact us at:*  
402-280-2731 or toll free 800-282-5835

***Be sure to check in NEST weekly for changes in requested documents***

## FAMILY INFORMATION

### • Dependent Students:

In the chart below, list all people in your household (even if they are not in college):

This includes yourself, parent (s), step-parent, even if you do not live at home.

Include all other dependent children and others who live in your parents' home receiving more than half their support from your parent from July 1, 2016 - June 30, 2017.

### • Independent Students:

In the chart below, list all people in your household (even if they are not in college):

Yourself and spouse if applicable.

Your dependent children or others who live in your home if applicable, who receive more than half their support and will continue to receive half their support from you July 1, 2016- June 30, 2017.

Write the names of all household members on the lines below. Include the name of the college and program of study for those who will be attending college at least half time between July 1, 2016 and June 30, 2017. List only those who will be enrolled in a degree, diploma or certificate program. Do not list siblings who are in graduate or professional school.

NAME	AGE	RELATIONSHIP	COLLEGE/UNIVERSITY	PROGRAM OF STUDY
1 _____	_____	Self _____	Creighton University _____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____
7 _____	_____	_____	_____	_____

## 2016 - 2017 PROJECTED OUT OF POCKET COST

The amount of projected out of pocket tuition you will pay after scholarships and discounts are applied for younger siblings in private elementary, middle, or high school.

\$ \_\_\_\_\_

**2015 Income Information for Federal Income Tax Filers**

For purposes of verification, the IRS tax return transcript is required. When you completed the FAFSA, you (and your parent(s) if you are a dependent student) had the option to select the IRS Data Retrieval Tool process. This allows the IRS to transfer your tax return information directly to your FAFSA.

- If you (and your parent(s) if you are a dependent student) selected the IRS Data Retrieval Tool, and were notified that the transmission was successful, you do not need to submit a copy of your tax return transcript.
- If you (and your parent(s) if you are a dependent student) did not select the IRS Data Retrieval Tool, or the transmission was not successful, you will need to submit a copy of your (and your parent(s) if you are a dependent student) tax return transcript (instructions can be found at: [www.creighton.edu/financialaid/verification](http://www.creighton.edu/financialaid/verification)).
- Parents of dependent students need to also submit copies of all 2015 W-2s to the Financial Aid Office. If self-employed, please indicate parental income below under 'Parent Source(s) of Income'.

**2015 Income Information for Non-Tax Filers**

- Check this box if you, the student, did not file and are not required to file a 2015 federal income tax return.
- Check this box if the parent(s) of a dependent student did not file and is/are not required to file a 2015 federal income tax return. Please list below parental source(s) and amount(s) of income received in 2015. Please submit copies of all W-2s, if applicable. If self-employed, please indicate that below and provide income earned in 2015.

STUDENT SOURCE(S) OF INCOME:	\$
PARENT SOURCE(S) OF INCOME:	\$

**If applicable, list the following for 2015**

<input type="checkbox"/> If you (or your parent(s) if you are a dependent student) receive Supplemental Nutrition Assistance Program (SNAP) benefits, also known as <b>food stamps</b> in 2014 and/or 2015, please check the box.	
Child support you paid to another household in 2015 due to divorce, separation, or legal requirement. Name of person to whom child support was paid: _____  Name(s) of child(ren): _____	Amount Paid in 2015 = \$ _____

**Special Circumstances**

We require the following documentation if you answered 'Yes' to the Dislocated Worker question on your FAFSA or if you estimate that your 2016 income will be less than your 2015 income due to loss of employment, separation/divorce, reduction in work hours/pay, or extraordinary medical/dental expenses not reimbursed by insurance.

- A separate page explaining the reduction in income
- A completed Estimated Yearly Income Form (to print the form go to [www.creighton.edu/financialaid](http://www.creighton.edu/financialaid), then Commonly Used Forms.)
- Applicable third-party documentation supporting the claim (such as copy of final paystub, copy of separation letter from employer, copy of benefits package, unemployment information, separation/divorce decree, etc.)

**SIGNATURES**

By signing below, you certify that the information provided in this document is true, complete, and accurate to the best of your knowledge. You further understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Please note: Additional documentation may be requested if further information is required.

STUDENT	DATE	PARENT	DATE
		(parent signature required for dependent students only)	

Student NetID: \_\_\_\_\_