



Pepperdine University, Seaver College

Office of Financial Assistance

2014-2015 Verification V6 - Tracking Document

Your 2014–2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that during the verification process, we may ask you to confirm the information that you reported on your FAFSA. We will compare your FAFSA data to the information provided on this worksheet and to any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, as well as attach any required documentation and return to the Office of Financial Assistance.

A. STUDENT INFORMATION

Student Name: _____ CWID#: _____
Last First M.I.

Student's: _____ (_____) _____
Date of Birth Email Address Home or Cell Phone Number

B. HOUSEHOLD INFORMATION – Check Only One

DEPENDENT Students: List the people in your **parent's household**, include:

- yourself and your parent(s) (including stepparent) even if you don't live with your parents
- your parents' other children, even if they don't live with your parent(s), if **(a)** your parents will provide more than half of their support from July 1, 2014 through June 30, 2015, or **(b)** if the children would be required to provide parental information when applying for Federal Student Aid for 2014-2015.
- other people, if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

OR

INDEPENDENT Students (Born before 1/1/1991): List the people in **your household**, include:

- yourself and your spouse, if married.
- your children, if any, if you will provide more than half of their support from July 1, 2014 through June 30, 2015.
- any 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, 2014 through June 30, 2015.

Write the names of all household members in the chart below. If you need more space, attach a separate page that includes your name and CWID at the top.

Full Name	Age	Relationship
Marty Jones(example)	28	Wife
		Self

Return To:

Pepperdine University • Seaver College • Office of Financial Assistance

24255 Pacific Coast Highway • Malibu • California • 90263-4301 • Phone (310) 506-4301 • Fax (310) 506-4746

Email: finaid2@pepperdine.edu

C. Sibling/Spouse (If Applicable) Enrollment:

DEPENDENT STUDENTS ONLY:

I <u>WILL NOT</u> have any siblings enrolled in college during the 2014-2015 academic year.	<input type="checkbox"/>
I <u>WILL</u> have <u>one or more</u> siblings enrolled in college at least half time during the 2014-2015 academic year. (please complete the section below)	<input type="checkbox"/>

INDEPENDENT STUDENTS ONLY:

I <u>WILL NOT</u> have a spouse enrolled in college during the 2014-2015 academic year.	<input type="checkbox"/>
I <u>WILL</u> have a spouse enrolled in college at least half time during the 2014-2015 academic year. (please complete the section below)	<input type="checkbox"/>

Number in College: Include below information about any household member, excluding parents, who will be enrolled at least half-time , in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2014 and June 30, 2015. Include the name of the college. **NOTE: We may require additional documentation if we have reason to believe that the information regarding the household members is inaccurate.**

Sibling's/Spouse's	Name of College or University	Units Enrolled
<i>Marty Jones(example)</i>	<i>Central University</i>	<i>12</i>

D. 2013 Federal Income Tax Data Verification – Information to Be Verified (Student, Parent, Spouse - if applicable)

- **TAX DATA** – Submit only the items listed in your “To Do List” on WaveNet.

E. Supplemental Nutrition Assistance Program (SNAP - Food Stamps)

Did you or a member of your household receive Food Stamps in 2012 and/or 2013?

- Yes. Please complete the following information for the person in your household receiving Food Stamp benefits. If you are the one receiving benefits, please indicate “self” in *Relationship to Student*. **If you need more space, attach a separate page that includes your name and CWID at the top.**

Name of Recipient	Age	Relationship to Student
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- No. No Food Stamp benefits were received by me, my spouse (if applicable), or any members of my household in 2012 or 2013.

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F. Child Support Paid - Check Only One

- Either I, my parent/guardian, or, if married, my spouse (who is listed in Section B of this worksheet), paid child support in 2013. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2013 for each child. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and CWID at the top.*
- No child support was paid by me/my spouse (if applicable) or my parent/guardian in 2013.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Annual Child Support Paid in 2013
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

G. Student Household Resources – 2013 Untaxed Income

***Please put N/A if Not Applicable. DO NOT LEAVE ANY BLANKS.**

Enter the combined amounts for you and your spouse, if applicable. Amount

a.	Payments to tax-deferred pension and retirement 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, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
b.	Child support received for any of your children. Don't include foster care or adoption payments.	\$
c.	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.	\$
c.1.	Rollover Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes" to having a rollover, please submit a copy of your 1099R form to the office.	\$
d.	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.	\$
d.1.	Rollover Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes" to having a rollover, please submit a copy of your 1099R form to the office.	\$
e.	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
f.	Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
g.	Other untaxed income not reported in items 45a through 45h, such as workers' compensation,	\$

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	disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	
h.	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$

H. Parent Household Resources for DEPENDENT STUDENTS ONLY – 2013 Untaxed Income

***Please put N/A if Not Applicable. DO NOT LEAVE ANY BLANKS.**

Enter the amounts for your parent[s].

Amount

a.	Payments to tax-deferred pension and retirement 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, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$
b.	Child support received for any of your parents' children. Don't include foster care or adoption payments.	\$
c.	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.	\$
c.1.	Rollover Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes" to having a rollover, please submit a copy of your 1099R form to the office.	\$
d.	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.	\$
d.1.	Rollover Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "Yes" to having a rollover, please submit a copy of your 1099R form to the office.	\$
e.	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
f.	Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
g.	Other untaxed income not reported in items 94a through 94h, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25. Don't include extended foster care benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$

I. Certification and Signature

I/we certify that all of the information reported on this worksheet is complete and correct. Each person signing this worksheet certifies that all of the information reported on it is complete and correct. A parent must sign and date if the student is dependent. The student **must** sign this worksheet.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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Student's Name: _____ CWID: _____

Student's Signature

Date

Parent's Signature (Dependent Students Only)

Date

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