



**UNITED TRIBES®
TECHNICAL COLLEGE**

OFFICE OF FINANCIAL AID

3315 University Drive | Bismarck, ND 58504
financialaid@uttc.edu
Phone: 701.221.1852

2019-2020 Standard Verification Worksheet

Your application was selected by the U.S. Department of Education for review process called "Verification." Financial aid will be placed on hold until the verification process is complete. Award letters /financial needs analysis will not be completed until the verification process is complete. If you have questions regarding verification, contact the UTTC Financial Aid Office.

A. Student Information (required)

Student's Last Name	Student's First Name	M.I.	Student's Social Security Number
Student's Mailing Address (include apartment #)			Student's Date of Birth
City	State	Zip Code	Student's Email Address

B. Family Household Information (required)

List the people in your household to include:

- Yourself, the student.
- For dependent students (those who needed to include parent data on FAFSA):
 - ✓ Your parent(s) (even if they are not married but living in the same household or a stepparent) even if you don't live with your parent(s).
 - ✓ Your parent(s) other children if your parent(s) provide more than half of their support from July 1 2019-June 30, 2020 or if the other children would be required to provide parental information if they were completing the FAFSA. Include children who meet either of these standards, even if they do not live with your parent(s).
 - ✓ 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, 2020.
- Yourself, the student.
- For independent students (only those who were NOT required to provide parental data on the FAFSA):
 - ✓ You and your spouse, if you are married.
 - ✓ Your children, if you provide more than half of their support from July 1, 2019-June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you.
 - ✓ 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 through June 30, 2020.

If more space is needed, attach a separate page with the identical information as below.

Full Name	Age	Relationship	College Attending	Enrolled at least half time?
		Self	United Tribes Technical College	

C. Both the student and the parent are required to submit processed 2017 Federal tax information. (Note: if the student or parent filed an amended 2017 IRS tax return, please call our office.) The only acceptable methods to submit Federal tax information are:

- 1. Instructions for use of Data Retrieval Tool:** Directly import 2017 IRS data into your FAFSA: Log into www.fafsa.gov, select Make Correction. Choose 2019-20 FAFSA. Click on Financial Information tab. Select Already Completed from drop down box. Enter Parent FSA ID and click on Link to IRS. Continue to IRS.gov site. Enter Info as requested and submit. Click on box under "Transfer My Tax Information into the FAFSA." Then click Transfer Now. Transferred data will be encrypted. Remember to electronically sign and submit the FAFSA again. OR
- 2. Instructions if you are unable to use the Data Retrieval Tool:** You must order an **IRS Tax Return Transcript** from www.irs.gov or you may call 1-800-908-9946 to order by phone. (Note: if you filed a paper return, the tax return transcript may take up to eight weeks for the IRS to process.)

D. TAX RETURN NON-FILERS – Dependent Student/Parents or Independent Student/Spouse

- 1. Instructions for Dependent Student/Parent or Independent Student/Spouse:** If neither listed has income, please list all employers and the amount earned from each in 2017. Attach all W-2 forms issued from employers. *List every employer and amount even if they did not issue a W-2.*

Name of Non-Filer	Employers Name	2016 Amount Earned

E. FOOD STAMP BENEFITS – Did anyone in your household receive Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) anytime during 2017 and or 2018?

Yes No

If yes, name(s) of household member(s) who received these benefits: _____

F. CHILD SUPPORT PAID – If you or anyone listed in the household has paid child support, please complete the table below in its entirety.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2017

G. CERTIFICATION AND SIGNATURE

I certify that all of the information reported on this worksheet is complete and correct.

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

Student's Signature (Required)

Date

Parent Signature (Required for Dependent Students)

Date

Or

Spouse Signature (Required for Independent Students if applicable)