



CU-Boulder Verification Form for Independent Students – 2008-2009 Academic Year

OFFICE OF FINANCIAL AID

Federal regulations require us to collect this form to verify the information from your Free Application for Federal Student Aid (FAFSA).

A. Student Information

Student's Name (First, M.I., Last) *Please print.*

CU Student Identification Number

B. Family Information

List the people in **your household**, including:

- yourself, and your spouse if you have one
- your children, if you will provide more than half of their support from July 1, 2008 through June 30, 2009
- 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 college 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
		Self	CU-Boulder

C. Child Support and Other Untaxed Income Information

See worksheets A&B of the Free Application for Federal Student Aid (<http://www.fafsa.ed.gov/worksheet.htm>).

STUDENT: Sources of Untaxed Income	2007 Amount
a. Child Support	\$
b. Social Security (non-taxed)	\$
c. Welfare (including TANF)	\$
d. Payments to tax-deferred pensions/savings plans (paid directly or withheld from earnings)	\$
e. IRA deductions/payments to SEP, SIMPLE, Keogh and other qualified plans	\$
f. Earned income credit	\$
g.	\$

SPOUSE(S): Sources of Untaxed Income	2007 Amount
h. Child Support	\$
i. Social Security (non-taxed)	\$
j. Welfare (including TANF)	\$
k. Payments to tax-deferred pensions/savings plans (paid directly or withheld from earnings)	\$
l. IRA deductions/payments to SEP, SIMPLE, Keogh and other qualified plans	\$
m. Earned income credit	\$
n.	\$

D. Signatures (spouse's signature is optional)

By signing this form, I (we) certify that all the information reported on it is complete and correct. (Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.)

Student signature _____ Date _____

Spouse signature _____ Date _____

Please mail or FAX to:
University of Colorado at Boulder
Office of Financial Aid
556 UCB
Boulder, Colorado 80309-0556
FAX: 303-492-0838