2018-2019 TASFA Verification Worksheet

Complete and submit this form along with your 2018-2019 Texas Application for State Financial Aid (TASFA) if you do not meet the citizenship requirements for Federal Student Aid but are a Texas Resident.

A. Student’s Information

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s Social Security Number</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Student’s Date of Birth</th>
<th>Student’s Phone Number</th>
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</table>

<table>
<thead>
<tr>
<th>Student’s Street Address (include apt. no.)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
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<tbody>
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</table>

B. Household Information List below the people in your household following the guidelines below according to your dependency status.

<table>
<thead>
<tr>
<th>Dependents Students</th>
<th>Independent Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include yourself, your parent(s) (including a stepparent) reported in your TASFA even if you don’t live with your parent(s). If two parents were reported in your TASFA, instructions refer and apply to both parents.</td>
<td></td>
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<tr>
<td>• Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a TASFA for 2018-2019. Include children who meet either of these standards, even if they do not live with your parent(s).</td>
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<tr>
<td>• 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, 2019.</td>
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<tr>
<td>Include yourself, your spouse, if you are married.</td>
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<tr>
<td>• Your children, if any, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the child would be required to provide your information if they were completing a TASFA for 2018-2019. Include children who meet either of these standards, even if they do not live with you.</td>
<td></td>
</tr>
<tr>
<td>• 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, 2019.</td>
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</tbody>
</table>

Include the name of the college for any household member, excluding your parent(s), 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, 2018, and June 30, 2019. If more space is needed, attach a separate page with the student’s name and ID Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>If Attending College, list college</th>
<th>If attending college, will be enrolled at least half time?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example</strong>: Missy Jones</td>
<td>18</td>
<td>Self</td>
<td>UT Health San Antonio</td>
<td>Yes</td>
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Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.
C. Student's Income Information to Be Verified. If the student is married, this section applies to the student and spouse.

Instructions: Select the item that applies to your income tax situation.

- The student has filed a 2016 income tax return but ALSO filed, or will file, an AMENDED 2016 IRS tax return. You must provide a copy of the 2016 Tax Return Transcript and a signed copy of the 1040X.
- Check here if the student's IRS-issued tax return transcript is attached to this worksheet.
- The student was not employed and had no income earned from work in 2016. For Independent Students: A Verification of Non-Filing Letter is attached to this worksheet.
- The student was employed in 2016 and has listed below the names of all employers, the amount earned from each employer in 2016. You must provide copies of all 2016 IRS W-2 forms issued to the student by employers. If more space is needed, attach a separate page with the student's name and ID Number at the top. If you need a copy of your W-2 Form, contact your employer.

<table>
<thead>
<tr>
<th>Employer's Name</th>
<th>2016 Amount Earned</th>
<th>IRS W-2 Attached?</th>
</tr>
</thead>
<tbody>
<tr>
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Dependent Students Complete Section D. Independent Students, skip to section E.

D. Parent's Income Information to Be Verified—Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents.

Instructions: Select the item that applies to your parent(s) tax situation.

- The parent(s) has filed a 2016 income tax return but ALSO filed, or will file, an AMENDED 2016 IRS tax return. You must provide a copy of the 2016 Tax Return Transcript and a signed copy of the 1040X.
- Check here if parent's IRS-issued tax return transcript is attached to this worksheet.
- The parent(s) was not employed and had no income earned from work in 2016. A Verification of Non-Filing Letter is attached to this worksheet.
- The parent(s) was employed in 2016, but not required to file, and has listed below the names of all the parent's employers, the amount earned from each employer in 2016. Provide copies of all 2016 IRS W-2 forms issued to the parent(s) by employers. A Verification of Non-Filing Letter must be included with this worksheet. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and ID at the top. If you need a copy of your W-2 Form, contact your employer.

<table>
<thead>
<tr>
<th>Employer's Name</th>
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E. Certification and Signatures
Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

______________________________
Student's Signature

______________________________
Date

______________________________
Parent's Signature, for Dependent Students Only

______________________________
Date

Submit this worksheet to UT Health San Antonio
Office of Veteran Services and Financial Aid
Mail Code 7708
7703 Floyd Curl Drive
San Antonio, TX 78229-3900
(210) 567-2635 (210) 567-6643 fax

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