



St. AMBROSE UNIVERSITY

FINANCIAL AID OFFICE

518 W. Locust Street ■ Davenport, Iowa 52803
563/333-5775 ■ fax 563/333-5818

2023-24 Student Verification

FEDERAL STUDENT AID PROGRAMS

*Return this completed form to
St. Ambrose University, Financial Aid Office
518 W. Locust Street, Davenport, IA 52803*

Your application was selected by the U.S. Dept. of Education for review in a process called “verification.” In this process, we are required by law to compare the information from your application with the information provided on this form and with copies of your and your parents’ or your spouse’s (if married) 2021 federal tax transcripts. If there are differences between your application and the documents you’ve submitted, corrections may need to be made.

We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.

What you should do:

1. **Request a federal tax transcript form from the Internal Revenue Service by calling 800/908-9946 (option 2 or 4). Or visit www.irs.gov. Under Tools, select Order a Transcript. Be certain to order a RETURN, not an Account.**
2. Please print when filling out this form, complete all sections and sign the worksheet.
3. Bring or mail the completed form, tax transcripts, and any other documents to our office.
4. We will compare the information on these documents and make corrections if necessary.

Student Information

please print

Name _____ SAU student ID# _____
Last First Middle Initial

Address _____
Street Apt. no. City State Zip

Date of birth _____ Daytime phone (include area code) _____

Family Information

Dependent Students: You are considered a Dependent Student if you can answer “yes” to any of the following situations.

- You were born after Jan. 1, 2000, regardless if you live on your own or with your parents.
- You live with your parents and they provide more than half of your support.
- You did not meet any of the criteria listed above for an Independent Student.
- You are considered dependent based on your FAFSA information.

List the people in your parents’ household and include:

- 1 Yourself and your parent(s), including stepparent. These are the parents you are currently living with or would live with if you were not in school.
- 2 Your parents’ other children, even if they don’t live with your parents, if (a) your parents provided more than half of their support from July 1, 2023 through June 30, 2024, or (b) the children would be required to provide parental information when applying for Federal student aid
- 3 Other people if they now live with your parents, and your parents provided, and will continue to provide, more than half of their support from July 1, 2023 through June 30, 2024, and **are claimed as exemptions on your parents’ federal income tax form.**

Independent Students: You are considered an Independent Student if you can answer “yes” to any of the following situations.

- You were born before Jan. 1, 2000.
- You have already received a bachelor’s degree and were born before Jan. 1, 2000.
- You are married.
- You have dependents (children or others) who live with you and **for whom you provide more than half of their support.**
- You are considered Independent based on your FAFSA information.

List the people in your household and include:

- 1 Yourself and your spouse, if married.
- 2 Your children, if you provided more than half of their support from July 1, 2023 through June 30, 2024.
- 3 Other people if they now live with you, and you provided, and will continue to provide, more than half of their support from July 1, 2023 through June 30, 2024, and **are claimed as exemptions on your federal income tax form.**

Write the names of **all** household members, beginning with yourself, **and** including your parents. **Also** write in the name of the college for any household member who will be attending college (other than your parents) at least half time between July 1, 2023 and June 30, 2024 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 | St. Ambrose University |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Child Support Paid

Was child support paid by someone in your household in 2021?

- No, child support was paid in 2021
- Yes, child support was paid by: Student Parent(s) Spouse

Indicate the person the child support **WAS PAID TO** in 2021 (i.e., person the check was written to)

List the child or children the child support **WAS PAID FOR** _____

Total child support paid in 2021 \$ _____

Supplemental Nutrition Assistance (Food Stamps)

- I, or another person in my household, received Supplemental Nutrition Assistance (food stamps) in 2021 or 2022.
You may be asked to provide a statement or documentation from the agency verifying that food stamps were received, if the Financial Aid office determines that such documentation is needed.
- I did **not** receive any Supplemental Nutrition Assistance (food stamps) in 2021 or 2022.

Tax Forms and Income Information for Non-Tax Filers

Check the box for any of the following individuals who were **NOT REQUIRED** to file a 2021 Federal Income Tax Return.

- you your father your mother your spouse

If you checked a box for any of these individuals, you must provide their 2021 income information below and include copies of your W2 forms.

| INDIVIDUAL | SOURCE OF INCOME | \$ AMOUNT |
|------------|------------------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Certification

By signing, I (we) certify that all the information reported on this worksheet is complete and correct. If Dependent, at least one parent must also sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student signature _____ Date _____

Parent signature (Dependent Student only) _____ Date _____

Paperwork Reduction Act and Privacy Act Statement The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). The information requested on the form is required under various provisions of title 15 U.S. C. 1601, 12 CFR 205 and 31 CFR 202, for the purpose of providing authority to St. Ambrose University to designate financial institutions to collect payments, by electronic means, from your account. The information will be used for identification with the records of the government agency and the financial institution to direct your payments to the point you authorize. No deduction may be made unless a signed authorization form is received. Failure to furnish this information may delay or prevent the collection of these payments through the Automated Clearing House System.