



You indicated on your 2019-2020 Free Application for Federal Student Aid (FAFSA) that you **will not file** and **are not** required to file a 2017 income tax return with the IRS. Verification is a process mandated by the U.S. Department of Education requiring schools to verify self-reported data provided on the Free Application for Federal Student Aid (FAFSA) for accuracy to ensure students receive the maximum aid for which they are eligible. If discrepancies are found, the Office of Financial Aid will make corrections to your FAFSA. If the corrections lead to a change in your eligibility, the Office of Financial Aid will revise your award.

Processing times vary and increase closer to key registration and payment dates. Please be sure your documents are **COMPLETE** when you first submit them to the Office of Financial Aid. Financial aid will only be awarded once the verification process is complete. If your documentation is pending upon your payment due date, you are responsible for making arrangements to cover the balance due. Reimbursements are issued based on eligibility amount if financial aid exceeds charges.

Complete ALL Sections. Do not leave any fields blank, enter "0" or "N/A if not applicable.

Student Name: _____ Student ID: _____
 Last First

Email: _____ Phone: _____

Section A: Student Income for 2017

- 1. List any income you and your spouse (if applicable) received during 2017
 - Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**
 - **Provide Documentation (i.e. W2 forms, 1099 form) for any income listed**

| Source of Income (Financial Aid Refunds, SSI, SS Disability, Unemployment, VA Disability Benefits, Child Support, Alimony, etc.) | Total Received In 2017 |
|--|-------------------------------|
| <i>Example: Financial Aid Refunds</i> | \$ 3,000.00 |
| | \$ |
| | \$ |

- 2. In 2017, did someone pay any bills listed in **YOUR** name?

Yes – Skip to Section C No – Complete Section B

Section B: Student Expenses for 2017

Please explain how you maintained your household during 2017 to include support from relatives, friends or others for housing, food, medical expenses, clothing, etc.



Section C: Student Expenses for 2017

- Complete the chart below listing **ONLY the bills in your name** that someone else paid in 2017.
- Please enter "0" or "N/A" if not applicable. **DO NOT LEAVE ANY FIELDS BLANK.**

| Monthly Expense | Average Amount Per Month | Name on Billing Statement | How was Expense Paid? |
|--|--------------------------|---------------------------|---|
| Housing Status: ___ Rent ___ Own \$ _____ <input type="checkbox"/> I lived with parent\relative\other and paid no expenses. | | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Government Housing/TANF |
| Utilities: Gas, Power, Water | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Credit Cards | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Money received for food and/or personal hygiene items | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> SNAP and/or WIC |
| Phone Bill | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Internet and\or Cable Bill | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Car Payment and/or Insurance | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Child Care | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Government aid |
| Medical/Dental Insurance | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other <input type="checkbox"/> Medicaid <input type="checkbox"/> School Insurance |
| Clothing/Entertainment/Other (please specify): _____ | \$ _____ | | <input type="checkbox"/> Self <input type="checkbox"/> Parent <input type="checkbox"/> Relative/Other |
| Monthly Total: | \$ _____ | | |

I certify that the information I have reported for federal student aid is complete and accurate. I authorize the UNC Charlotte Financial Aid Office to correct my Free Application for Federal Student Aid (FAFSA) based on the documentation submitted. I understand that additional information may be required if this form is incomplete, if documentation is missing, unclear, or insufficient, or if additional questions arise based on the information provided. **Warning: According to the U.S. Department of Education, if you purposely give false or misleading information you may be subject to a fine of up to \$20,000, face imprisonment, or both.**

Student Signature: _____ Date: _____