

16-17 Institutional Verification Form



Student's Name _____ Banner ID _____

Your file has been selected for additional clarification since the income reported on the FAFSA does not appear sufficient to meet basic living expenses. Please complete and return to the Office of Financial Aid.



UNTAXED/OTHER INCOME INFORMATION

Please indicate how much of each type of income shown below was received. **SUPPLY THE INCOME FOR THE FULL CALENDAR YEAR 2015**

Student/ Spouse	Type of Untaxed Income / Income Received or Paid <i>Enter amounts that represent the full Calendar Year 2015</i>	Parent(s)/ Stepparent
\$	Housing, food & other living allowances paid to members of military, clergy and others (cash payments & cash value of benefits) Include BAS BAH or combat pay	\$
\$	Veteran's non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	\$
\$	Amount of Worker's Compensation or Railroad benefits	\$
\$	Amount of Unemployment or Disability	\$
\$	Amount of utility assistance	\$
\$	Amount of Food Stamps	\$
\$	Amount of Public Assistance including TANF	\$
\$	Amount of Subsidized Housing Income	\$
\$	Amount of Social Security (retirement or disability) benefits	\$
\$	Income from Work	\$
\$	Financial Aid refund	\$
\$	Resources paid on your behalf by someone else	\$
\$	Other untaxed income. Including money a student received from a parent whose financial information is not reported on the FAFSA. Identify source _____.	XXXXXXXXXXXX
\$	Business, Rental or farm income	\$
\$	Amount of child support RECEIVED	\$
\$	Free or reduced price lunch for children	\$
\$	Interest/Dividend Income and Trust Fund Income	\$
\$	Other please specify _____	\$
\$	TOTAL	\$
YES/NO	Did you receive free housing from a parent, friend or relative? \$ _____	YES/NO
YES/NO	Did you receive food/groceries from a parent, friend or relative? \$ _____	YES/NO

Please add any comments or an explanation regarding your situation that will help with our review.



CERTIFICATION

Must be signed by hand in ink

By signing this certification, I/we confirm that all information reported on this Institutional Verification form in support of the student's application for financial assistance is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

Student Signature _____ Date _____

Parent Signature (dependent students only) _____ Date _____

Student's E-mail Address _____

Parent's E-mail Address _____

This form and documentation can be faxed to 216.397.3098, e-mailed to enrollment@jcu.edu, or mailed to John Carroll University, Office of Financial Aid, 1 John Carroll Blvd., University Heights, OH 44118. If you have questions about this form, call 888-335-6800