



Financial Aid
 May Hall, Room 111
 Dickinson State University
 291 Campus Drive
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371
 Fax: 701-483-2409
 Web: www.dickinsonstate.edu
 Email: dsu.financialaid@dickinsonstate.edu

201 -201 Verification Worksheet Independent – V1

A. Student Information

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID#
_____			_____
Student's Current Address			Social Security Number
_____	_____	_____	_____
City	State	Zip	Student's Telephone Number
_____			_____
E-Mail Address			Date of Birth

B. Family Information: *Please carefully read the instructions when completing the section below.*

Write your name and age on the first line. If married, list the name and age of your spouse. **List your children born after 01/01/199** , only if you (or your spouse) will provide more than 50% of their support from July 1, 2018 through June 30, 2019 **OR** if the children would be required to provide parental information when applying for Federal Student Aid. Include stepchildren, but not foster children. If listing an unborn child, please specify the due date.

After listing household members, indicate the name of the college for any household member who will be attending at least half time between July 1, 2018 and June 30, 2019 and will be enrolled in a degree program. If you need more space, attach a separate page.

LIST ALL HOUSEHOLD MEMBERS	Household Members First and Last Name	Age	Relationship to Student	Name of College
	1.		STUDENT/SELF	Dickinson State University
	2.			
	3.			
	4.			
	5.			
	6.			

C. **201 Tax Return Information** – Please check the appropriate box(s) to indicate your (and your spouse, if married) filing status.

Student Section

- Check here if you (and your spouse, if married) filed a 2016 tax return. If requested in the Verification E-Mail, **attach a copy of the 201 IRS Tax Transcript W-2's**
- Check here if you (and your spouse, if married) **did** work, will not file, and are not required to file a 2016 U.S. Income Tax Return, **OV 7 0**
- Check here if you (and your spouse, if married) **did not** work, will not file, and are not required to file a 2016 U.S. Income Tax Return, **OV 7 0 # _____)**
- Check here if you filed an amended tax return, **attach a copy of the 201 IRS Tax Transcript, signed copies of both of the 201 IRS Forms (1040 and 1040X) and W-2's.**

D. **Statement of Income Resources-** *If you (and spouse, if applicable) reported no income for 2016, please provide a brief statement explaining how your family was supported. Please list any cash amounts received or expenses paid on your family's behalf (ex. rent, car insurance, etc)*

E. **Sign this Worksheet**

By signing this Verification Worksheet, you certify that all the information reported is true and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student _____ Date: _____

- ___ Is this worksheet completely filled out?
- ___ Did you provide copies of your IRS Tax Return Transcript and W-2's?
- ___ Did you remember to include all requested documentation?

Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.