

VRWS20

2019-2020 VERIFICATION WORKSHEET

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:
Student's Middle Initial:	Program/YR:

Your FAFSA was selected for a review process called "VERIFICATION." Return this form with documents attached, if required. If you do not complete the verification process, you forfeit federal student aid eligibility, including student loans. We strongly recommend you submit all documents within **14** days of receipt of the verification notice. Please note that no financial aid will disburse if verification is not completed.

Dependency status is determined by your answers to the questions on the FAFSA, not by your tax status or living situation.

HOUSEHOLD LISTING (attach a separate page if necessary)

If you are a **Dependent Student:** (Parental data was required on the FAFSA)

List the people whom your parents will support between July 1, 2019 and June 30, 2020.

- Include yourself, your parents and your parents' other children if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid.
- Include other people only if they now live with your parents and receive, and will continue to receive, more than half their support from them between July 1, 2019 and June 30, 2020.

If you are an **Independent Student:** (Graduate students and others without parental data required on the FAFSA.)

List the people whom you (and your spouse) will support between July 1, 2019 and June 30, 2020.

- Include yourself, your spouse and your dependent children.
- Include other people only if they now live with you and you provide more than half their support and will continue to provide more than half their support from July 1, 2019 – June 30, 2020.

Names of Household Members: Parents, Siblings, & Others Supported (see above)	Age	Relationship to You, the Student	Name of College or University	Will enroll at least half-time July 1, 2019 – June 30, 2020
		SELF	UMMC	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

B. 2017 INCOME TAX STATUS AND REQUIREMENTS – Check all that apply

STUDENT/SPOUSE INFORMATION for ALL STUDENTS:

<input type="checkbox"/> I/we did not (or could not) transfer my/our 2017 income information to the FAFSA using the IRS Data Retrieval Tool (DRT).	> ATTACH an official IRS TAX TRANSCRIPT , (not an Account Transcript) which you can obtain at www.irs.gov or by calling the IRS at 800-908-9946 or by filing Form 4506T-EZ . IRS DRT should be available within 2-3 weeks of electronic IRS tax return acceptance.
<input type="checkbox"/> I/We used the IRS Data Retrieval Tool (DRT) to transfer 2017 tax data to the FAFSA and made no changes to the information.	
<input type="checkbox"/> I/We had no income from work and will not file a 2017 U.S. Federal Income Tax Return. Submit Non-Tax Filing Notice from IRS. You can obtain this by completing and submitting the following to the IRS; Form 4506-T, check box 7.	
<input type="checkbox"/> I/We worked, but are NOT REQUIRED TO FILE a 2017 Federal Income Tax Return. (Submit Non-Tax Filing Notice from IRS. You can obtain this by completing and submitting the following to the IRS; Form 4506-T, check box 7.)	> ATTACH copies of all 2017 W-2 forms issued to you (and, if married, to your spouse) > LIST BELOW every employer even if the employer did not issue an IRS W-2 form. <i>If you need more space, attach a separate page with your name and Student's ID number at the top.</i>

Name	Employer Name	2017 Amount Earned	IRS W-2 Issued?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT INFORMATION for DEPENDENT STUDENTS ONLY:

<input type="checkbox"/> I/we did not (or could not) transfer my/our 2017 income information to the FAFSA using the IRS Data Retrieval Tool (DRT).	> ATTACH an official IRS TAX TRANSCRIPT , (not an Account Transcript) which you can obtain at www.irs.gov or by calling the IRS at 800-908-9946 or by filing Form 4506T-EZ . IRS DRT should be available within 2-3 weeks of electronic IRS tax return acceptance.
<input type="checkbox"/> I/We used the IRS Data Retrieval Tool (DRT) to transfer 2017 tax data to the FAFSA and made no changes to the information.	
<input type="checkbox"/> I/We did not work and will not file a 2017 U.S. Federal Income Tax Return. Submit Non-Tax Filing Notice from IRS. You can obtain this by completing and submitting the following to the IRS; Form 4506-T, check box 7.	
<input type="checkbox"/> I/We worked, but are NOT REQUIRED TO FILE a 2017 Federal Income Tax Return. (Submit Non-Tax Filing Notice from IRS. You can obtain this by completing and submitting the following to the IRS; Form 4506-T, check box 7.)	> ATTACH copies of all 2017 W-2 forms issued to you (and, if married, to your spouse) > LIST BELOW every employer even if the employer did not issue an IRS W-2 form. <i>If you need more space, attach a separate page with your name and Student ID number at the top.</i>

Name	Employer Name	2017 Amount Earned	IRS W-2 Issued?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

C. REQUIRED SIGNATURE (S)

I/we certify that all information reported on this form is complete and correct. **Warning: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.**

Student's Signature _____

Date _____

Parent's Signature _____
(Dependent student only)

Date _____

Return this form to:
The University of Mississippi Medical Center
Office of Student Financial Aid
 2500 North State Street
 Jackson, MS 39216

[Click Here to Upload Documents](#)

Print your Name and Student ID Number on All Documents. See <http://myu.umc.edu> for your Financial Aid Status

PLEASE NOTE: COMPUTER GENERATED SIGNATURES NOT ACCEPTABLE. MUST BE ORIGINAL SIGNATURE.

EDPURP20

2019-2020
IDENTITY & STATEMENT of EDUCATIONAL PURPOSE
(To Be Signed at the Institution)

Student's First Name:	UMMC ID (i.e. 300123456)
Student's Last Name:	UMMC Email:
Student's Middle Initial:	Program/YR:



This statement must be completed and signed in the presence of either an UMMC Financial Aid Administrator or a Notary Public. Do NOT complete this form in advance.



The student must appear in person at The University of Mississippi Medical Center to verify his or her identity by presenting:

(A) unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport; and

(B) The original Statement of Educational Purpose provided below. The student must sign, in the presence of a UMMC Financial Aid Administrator or Notary, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending The University of Mississippi Medical Center for 2019-2020.

PLEASE NOTE: COMPUTER GENERATED SIGNATURES NOT ACCEPTABLE. MUST BE ORIGINAL SIGNATURE.

(Student's Signature) (Student ID#) (Date)

The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student's ID.

IF SUBMITTING IN PERSON

Present this form with original valid government-issued photo ID.
To be completed by UMMC Financial Aid Administrator:

ID Type:	ID Number:	Exp:
FAA Name:	FAA Title:	

IF SUBMITTING BY MAIL

Send this form with photocopy of valid government-issued photo ID.

To be completed by Notary Public: Notary's Certificate of Acknowledgement

State of _____ City/County of _____ On ___/___/20___, before me, _____ (Notary's Name) personally appeared, _____ (student's name) and provided to me on basis of satisfactory evidence of identification _____ (Type of unexpired government-issued photo ID provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal) _____ (Notary's signature)

My commission expires on _____ (Date)

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