



Financial Aid Services  
 100 Morrissey Blvd.  
 Boston, MA 02125-3393  
 617.287.6300  
 Fax: 617.287.6323  
 finaid@umb.edu

## 2009-2010 Dependent Verification Form

Your application for financial aid has been selected for verification; therefore, you and your parent(s) must provide the following information before any offer of financial aid is made. **Enter zero where appropriate; do not leave any item blank. You and at least one parent must sign this form.** When completed, submit this form, along with signed copies of all tax returns, W2 forms, and other supporting documentation, to the One Stop, or mail to the following address:

**Financial Aid Services  
 UMass Boston  
 100 Morrissey Boulevard  
 Boston, MA 02125**

<b>Name</b> _____	<b>SSN</b> _____
<b>Address</b> _____	<b>Student ID</b> _____
<b>City, State, ZIP</b> _____	<b>Date of Birth</b> _____
<b>Email</b> _____	<b>Phone</b> _____

Student marital status: Single  Married  Divorced  Separated  Widowed  Remarried   
 Parent marital status: Single  Married  Divorced  Separated  Widowed  Remarried

### Household Information

Complete the grid below with information about the people your parent(s) will support\* between July 1, 2009 and June 30, 2010. Attach another page, if necessary for additional family members.

Include yourself.

Include your parent(s). *If your parent is remarried, include information about your parent **and** your parent's current spouse.*

Include your parent(s) other children **IF** they get more than half their support\* from your parent(s) from July 1, 2009 until June 30, 2010 **OR** they would be required to provide parent information when applying for Federal Student Aid.

Include other people only if they now live with **AND** get more than half their support\* from your parent(s) **AND** will continue to receive this support\* between July 1, 2009 and June 30, 2010.

If you need additional space, attach a separate page.

Name	Age	Relationship to Student	Name of College Attending**
		Self	UMass Boston

\*Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

\*\*Enrolled in degree, diploma, or certificate program AND attending college at least half-time in 2009-2010 (at least 6 credits per semester)

**COMPLETE BOTH SIDES AND SIGN ON REVERSE SIDE**

**2008 Federal Income Tax Certification**

*Circle Yes or No as applicable for each question*

**Parent**      **Student**

**Yes / No**    **Yes / No**    Did you / parents earn an income during 2008?  
*If yes, attach copies of all W2 forms (or federal schedule C) or an explanation & amount of income*

**Yes / No**    **Yes / No**    Were you / your parents required to file a federal income tax return for 2008?  
*If yes, attach **signed** copies of federal IRS form 1040, 1040A or 1040EZ **and** supporting forms for you and your parents (and your parent's spouse, if applicable). If forms are not available, call the IRS at 1-800-829-1040 to request a transcript; be sure to **sign** the transcript before submitting to Financial Aid Services.  
**Form 8453 is NOT sufficient.** Copies of **state** income tax returns are not needed and will be shredded if submitted..*

*Do not leave items blank; if the answer is zero, put "0".*

	<b><u>Total 2008 Amount</u></b>		<b><u>Source of Information:</u></b>
	<b><u>Student</u></b>	<b><u>Parent</u></b>	<b><u>Your own records OR</u></b>
Child support <i>received</i> for all children. <i>Do not include foster care or adoption payments.</i>	\$ _____	\$ _____	MA Department of Revenue Child Support Enforcement 800-332-2733
Housing, food, and other living allowances paid to members of the military, clergy, and others. <i>Include cash payments and cash value of benefits</i>	\$ _____	\$ _____	Check with your employer for value of benefits received
Cash or money <i>received</i> or paid on your behalf, such as bills, food, books, tuition, or rent. <i>Include value of food pantry items, support from family members, etc. Do not include amounts paid by your parents.</i>	\$ _____	\$ _____	
Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____	\$ _____	Department of Veterans' Services 800-827-1000
Other untaxed income or benefits not reported, such as disability, worker's compensation, untaxed portions of railroad retirement benefits, etc. <i>Do not include student financial aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, combat pay, benefits from flexible spending arrangements, foreign income exclusion, or credit for federal tax on special fuels.</i>	\$ _____	\$ _____	
Child support <i>paid</i> because of divorce or separation or as a result of a legal requirement. <i>Do not include support for children listed as members of your parents' household.</i>	\$ _____	\$ _____	MA Department of Revenue Child Support Enforcement 800-332-2733
Taxable earnings from Federal Work Study or other need-based work programs.	\$ _____	\$ _____	

**CERTIFICATION**

*By signing this form, I certify all information reported on this form and within the enclosed documentation is complete and correct. I understand that providing false or misleading information may result in a \$10,000 fine, a prison sentence, or both, according to the Higher Education Act of 1965, as amended, Section 490(a). Any false or misleading information is subject to cancellation of all Federal financial assistance.*

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*