



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

2009-2010 Independent Verification Form

Your application for financial aid has been selected for verification; therefore, you (and your spouse, if married, even if you were not married in 2008) must provide the following information before any Federal aid is awarded. **Enter zero where appropriate; do not leave any item blank. You must sign this form on the reverse.** When completed, submit this form, along with a signed copy of all tax returns and W2 forms to the One Stop or mail to the following address:

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

Name _____ Address _____ City, State, ZIP _____ Email _____	SSN _____ Student ID _____ Date of Birth _____ Phone _____
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Student marital status: Single Married Divorced Separated Widowed Remarried

Household Information

Complete the grid below with information about the people in your household that you (and your spouse, if applicable) will support* between July 1, 2009 and June 30, 2010. If necessary, attach another page for additional family members.

Include yourself and your spouse, if married.

Include your children if they get more than half their support* from you.

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

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.

**Must be accepted in degree, diploma, or certificate program & 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

Check all applicable boxes

Student **Spouse**

Yes / No **Yes / No** Did you / your spouse earn an income during 2008?
If yes, attach copies of W2 forms (or federal schedule C) for yourself AND your spouse (if married) or an explanation & amount of income

Yes / No **Yes / No** Were you / your spouse 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 spouse (if married). 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 tax returns are not needed and will be shredded if submitted.*

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

	Total 2008 Amount		Source of Information:
	Student	Spouse	Your own records OR
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 received 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.</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 credits 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 received for children listed as members of your 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

Spouse Signature

Date

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