

# 2009-2010 Independent Verification Form

**Office of Student Financial Assistance**  
 104 Fairchild Hall Office: 785-532-6420  
 Manhattan, KS 66506 Fax: 785-532-7628  
 finaid@k-state.edu Toll Free: 877-817-2287  
 www.k-state.edu/sfa



Verification ensures the data reported on your Free Application for Federal Student Aid (FAFSA) corresponds with the data on certain income documents. Please submit this form and the documents listed below as soon as possible. Your financial assistance will be delayed if you do not respond promptly. Please include your (student's) name and social security number at the top/right corner of every page of documentation you submit. **Note: If you fax this form, please fax both sides.**

## Student Information

_____	_____	_____	_____
Last name	First name	Middle Initial	Social Security Number
_____			_____
Address (local if available)			Phone number
_____	_____	_____	_____
City	State	ZIP code	E-mail address

## Required Documentation:

Submit copies of the following documents promptly to the address listed above.

- Signed Independent Verification Form
- Student's signed 2008 U.S. Income Tax Return
  - W-2 forms
  - Schedules C and F from your tax return, if applicable
- Spouse's signed 2008 U.S. Income Tax Return (if married)
  - W-2 forms
  - Schedules C and F from spouse's tax return, if applicable

## Helpful Hints:

- E-file tax returns cannot be accepted.
- Amended returns: include a signed copy of the original return and 1040X.
- If spouse filed a separate return: include a signed copy of both returns.
- Request a copy of your tax return from your preparer or a tax transcript from the IRS at 800-829-1040.

## Family Information

List the people in your household, including:

- Yourself
- Your spouse, **if** you are married (even if you were not married in 2008)
- Your children, **if** you provide more than half of their support\* from July 1, 2009 through June 30, 2010
- Other people, **if** they now live with you, you provide more than half of their support\* and will continue from July 1, 2009 through June 30, 2010

\* Support includes money, gifts, loans, housing, food, clothes, car, medical/dental care, etc.

Full name of family member Begin with yourself	Date of Birth ex. 11/17/1985 Do not leave blank.	Relationship to Student self, spouse, daughter, step-daughter, son, step-son, unborn child due during the 2009-10 academic year	Name of College for any family member who will be working toward a degree at least half-time during the 2009-2010 academic year
		Self	Kansas State University

