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ksu.edu/sfa/upload

Deliver in person:
119 Anderson Hall | 919 Mid-Campus Drive North
Manhattan, Kansas 66506-0107

Student's Name (Last, First, MI)

Wildcat Identification Number

Student's K-State Email Address

Student's Phone Number

The amount of income reported on your FAFSA appears to be insufficient to support a household of your size.

To complete the verification process, please:

1. Complete and submit this form detailing the total amount received in 2018 from each source listed below. Some of the items listed are not included on the FAFSA, but may be helpful to document how you financially supported your household.
2. Submit a copy of the student's 2018 IRS Tax Return Transcript, if the student is a tax filer.
3. Submit a copy of the parent's/step-parent's 2018 IRS Tax Return Transcript, if the parent(s)/step-parent are tax filers.

For instructions to request the IRS Tax Return Transcript, visit www.k-state.edu/sfa/manage/verification/irstrt.html

Sources that supported my household in 2018 <i>Place an amount on each line. If you or your parent(s) did not receive the item, place a "0" on the line.</i>	Student Annual Amount	Parent(s) Annual Amount
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including amounts reported on the W-2 in Boxes 12a through 12d, codes D, E, F, G, H and S.		
Child support received for all children. Don't include foster care or adoption payments.	XXXXXX	
Food and other living allowances paid to members of the military (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. Provide rank: _____ Number of months at rank (during 2018): _____		
Housing, food and other living allowances paid to members of the clergy and others (including cash payments and cash value of benefits)		
Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances		
Other untaxed income not reported elsewhere, such as workers' compensation, disability, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 Line 25		
Money received or paid on your behalf, not reported elsewhere on this form (e.g. your bills paid by someone else or paid by a charitable organization) List: _____		
Earned income credit from IRS Form 1040 Line 17a		
Additional child tax credit from IRS Form 1040 Line 17b		
American opportunity credit from IRS Form 1040 Line 17c		
Total Welfare benefits received (e.g. TANF or SNAP)		
Untaxed social security benefits received for all household members		
Supplemental Security Income (SSI)		
Federal student aid refunds		
Untaxed combat pay		
Workforce Innovation and Opportunity Act educational benefits		
WIC Benefits	Yes No	Yes No
Free and Reduced Lunch Price Program	Yes No	Yes No

Certification Statement

By signing this verification form, I certify that all of the information reported is complete and accurate.

Signature of Student (required) Date
Digital signatures are not accepted.

Signature of Parent on FAFSA (required) Date
Digital signatures are not accepted.