

**Student/Spouse Verification of 2015 Income for Dream Student**

STUDENT ID	STUDENT LAST NAME	STUDENT FIRST NAME	PHONE NUMBER (with area code)
PLEASE PRINT IN BLACK INK			

**INSTRUCTIONS:** The instructions and certifications below apply to each parent included in the household. Do not leave any items blank. Enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.

**STEP 1: Check the box that applies regarding income information:**

- Neither Student/Spouse (if married) was employed and neither had income earned from work in 2015.
- Student/Spouse (if married) was employed in 2015 but did not file any type of income tax return. Please provide the following:
  - List the names of all employers, the amount earned from each in 2015 and whether an IRS W-2 is provided.
  - Provide copies of ALL 2015 IRS W-2 forms issued to the parents by their employers.
- Student/Spouse (if married) filed 2015 Income tax return
  - Provide copies of ALL 2015 Income Tax Return if filed a Foreign Tax Return
  - Provide copies of ALL 2015 Tax Transcripts (requested from the IRS)

Student	Spouse	Employer's Name	IRS W-2	Amount Earned in 2015
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Total Amount of Income Earned From Work</b>				<b>\$</b>

Other Untaxed Income Indicate if you received the following:	2015 Amount
Payments to tax-deferred pension & retirement savings (e.g. Box 12 of W2's)	\$
Child Support Received	\$
Veteran's Non-Education Benefits	\$
Housing, food, and other living allowances paid to members of military, clergy and others	\$
Other untaxed income	\$

**\*\*If you reported unusually LOW or NO Income, please attach a statement explaining how living expenses are paid.**

**STEP 2: Supplemental Nutrition Assistance Program (SNAP)-**

Were benefits from Supplemental Nutrition Assistance Program (SNAP), formerly food stamps, at any time in 2014 or 2015?

- Yes: Name of Person who received benefits: \_\_\_\_\_ Relationship to student \_\_\_\_\_
- No

**STEP 3: Child Support Paid in 2015-** Was child support paid during 2015? No Yes: Complete section below.

Name of Person Who Paid Support	Name of Child Support Was Paid For	Age of Child	Name of Person Support Was Paid To	Monthly Amount Paid	Total Months Paid	Total Paid in 2015
				\$		\$
				\$		\$
				\$		\$
				\$		\$

**CERTIFICATION & SIGNATURES**

**Certification:** By signing this form, I (we) certify that all the information reported on it is complete and correct.

By checking this box, I (we) certify that I(we) will not file, nor are required to file a 2015 Federal Income Tax Return.

\_\_\_\_\_  
 Student Name (Please Print)

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse Name- if married (Please Print)

\_\_\_\_\_  
 Spouse- (if married) Signature

\_\_\_\_\_  
 Date

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