

Please complete this verification only if you have been requested to do so by the DBU Office of Financial Aid. Complete and submit to our office as soon as possible so that your financial aid will not be delayed. Your financial aid cannot be posted until this form has been processed.

Your 2021-2022 *Free Application for Federal Student Aid* (FAFSA) was selected for review in a process called "Verification." In this process, the school will be comparing information from your application against data received from the Internal Revenue Service (IRS) based on your and your parents' 2019 IRS Transcript, W-2 forms, or other financial documents. The law says we have the right to ask you for this information before awarding federal financial aid. If there are differences between your application information and your financial documents, the school may need to make corrections electronically to your FAFSA application.

**What you should do:**

1. Access your FAFSA online and utilize the IRS Data Retrieval tab at the top of the page within the Financial Information section, then submit your corrected FAFSA to DBU. If you use the Data Retrieval tool, please disregard Step 2.
2. Collect your and your parents' financial documents. Request an IRS Transcript from 800-908-9946 or online at <https://www.irs.gov/individuals/get-transcript>. Please provide copies of W-2 forms, 1099 forms, etc.
3. Complete and **sign** this worksheet.
4. Submit the completed worksheet, 2019 IRS Transcripts, and any other documents to the DBU financial aid office.

*Please follow directions carefully and call our office if you have questions about completing this worksheet.*

**A. Dependent Student Information (fill out completely)**

Last Name	First Name	Middle Initial	Student ID
Address	Apt. #	Date of Birth	Alternative Phone Number
City	State	Zip	Email Address

**B. Family Information**

List below the people in **your** household, including:

- You **and** your parents, and
- Your parent's children, if your parents will provide more than half of their support from July 1, 2020 through June 30, 2021, even if they do not live with you, **and**;
- Other people, if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2021.

Write the names of **all household members** in the space(s) below. Also write in the name of the college for any household member, **excluding your parent(s)** who will be attending at least half time between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program at a post-secondary educational institution. If you need more space, attach a separate page.

Full Name	Age	Relationship	College for 2021-2022*
Student's Name		Self	Dallas Baptist University

\* Indicate others in college only if they will attend at least half time in 2021-2022 and in a program that leads to a college degree, diploma, or certificate.

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student ID: \_\_\_\_\_

**C. NON-TAXFILER**

**I (we) did not file and are not required to file a 2019 federal income tax return:**  Student  Parent(s)

If you or your parents did not file and are not required to file a 2019 federal income tax return, list below you and your parent(s) employer(s) and income received in 2019 (use the W-2 form or other earnings statements if available).

List below you and your parent(s) employer(s) and amount of untaxed **EARNINGS** received in 2019.

**\*If you did not file and were not required to file a 2019 federal income tax return, but had earnings, please provide your 2019 W-2 form to our office.** W-2 Forms attached:  Student  Parent(s)

Student's Income Source(s)	2019 Amounts		Parent(s) Income Source(s)	2019 Amounts
	\$			\$
	+			+
<b>TOTAL for Student:</b>	=		<b>TOTAL for Parent(s):</b>	=

**D. 2019 Additional Financial Information**

Student		Parent(s)
	Child Support <b>paid</b> because of divorce or separation or as a result of a legal requirement. <b>Do not include</b> support for children in your or your spouse's household, as reported in question 95. * Recipient Name _____ Payor Name _____ Child Name _____	
\$*		\$*
\$	<b>Student Total</b>	<b>Parent(s) Total</b>
I certify that all the information provided on this form is complete and accurate. I understand that if I purposely provide false or misleading information I may be fined, sent to prison, or both.		
_____ Student Signature	_____ Date	_____ Parent Signature (One parent must sign.)
	_____ Date	

**Return this form to with any attachments to:**

**Office of Financial Aid - Dallas Baptist University - 3000 Mountain Creek Pkwy - Dallas, TX 75211  
 Please scan, attach, and email to [finaid@dbu.edu](mailto:finaid@dbu.edu) or fax (214)-333-5586.**