

## 2016-2017 Verification Form-Independent

Student In	formatio	<u>n</u>			
Please print c	learly—illegi	ble documents cannot	be processed		
Student Name:				Campus ID:	
FAFSA. If there	are difference	•	formation and your docun	cess, our office is required to cont mentation, our office may need to	•
Family Informa		<u>ld</u> . Include:			
Your    And    more	r children, if yo other people e than half of	who live with you and red their support from you th	ceive more than half their nrough June 30 <sup>th</sup> , 2017.	n July 1 <sup>st</sup> , 2016 through June 30 <sup>th</sup> , support from you and will continu e for any household member who	ue to live with you and receive
			_	more space, attach a separate pa	= =
Full Name		Age	Relationship	Name of College	Will be enrolled at least half time? Yes or No
			SELF	UMBC	
Tax Filing Statu	<u>is</u>	<u> </u>			
<u>Student</u>	Spouse	e (if married)			
0	0	I have/will complete a 2015 Federal Tax Return			
0	0	I worked in 2015 but was not required to file a 2015 Federal Tax Return (If you select this option you must submit 2015 W2 forms)			
0	0	I did not work in 2015			
document certi	fies the inforr	give false or misleading ir nation reported is correct		eet, you may be fined, sentenced	
Student Sig	nature:			D	ate: