



STUDENT INFORMATION

First Name	Last Name	Middle	Student ID#

INSTRUCTIONS

The U.S. Department of Education has selected your 2020-2021 FAFSA for federal verification, a process that requires us to verify certain information from your FAFSA. Please visit www.finaid.udayton.edu/verification for additional information and contact our office with any questions. You must complete this process before we can finalize and apply financial aid to your account. We encourage you to submit all requirements within **30 days of receipt of request**.

Failure to comply with this request can result in the loss of financial aid for the year.

STUDENT 2018 FEDERAL TAX RETURN FILING STATUS

Please select from the tax filing options below:

- I filed a 2018 Federal Tax Return
- I did not file a 2018 Federal Tax Return **and** was not required to file
- I plan to file, but have not yet filed, a 2018 Federal Tax Return

Student current marital status: I am not married I am married

SPOUSAL TAX FILING STATUS

Please select from the tax filing options below:

- My spouse filed a 2018 Federal Tax Return
- My spouse did not file a 2018 Federal Tax Return **and** was not required to file
- My spouse plans to file, but has not yet filed, a 2018 Federal Tax Return

FAMILY INFORMATION

List: The people in your household, except yourself. Include the following:

1. Your spouse (if married).
2. Your children and/or your spouse's children that meet the following criteria (even if they do not live with you):
 - a. Children that will have more than half of their financial support provided by you from July 1, 2020, through June 30, 2021.
 - OR**
 - b. Children who would be required to submit your information if they were completing a 2020-2021 FAFSA.
3. All additional household members who live with you, for whom you will provide more than half of their financial support from July 1, 2020, through June 30, 2021.

Note: Include information about any household member, who is, or will be, **enrolled at least half-time** in a degree, diploma, or certificate program at an eligible **postsecondary educational institution** any time between **July 1, 2020, and June 30, 2021**, and include the name of the college or university.

First Name	Last Name	Age	Relationship to Student	Enrolled at least half-time in 2020-21	College Name for 2020-2021
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	
				<input type="radio"/> Yes <input type="radio"/> No	

SIGNATURE

I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

Student Signature _____ **Date** _____

Office of Financial Aid
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