

**PART I: STUDENT INFORMATION**Name: \_\_\_\_\_ SPIRE ID: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number: ( ) \_\_\_\_ - \_\_\_\_ Email Address: \_\_\_\_\_

**INSTRUCTIONS:**

1. This form will not be processed if any items are left blank or illegible. Answer all applicable questions.
2. Please type or print clearly
3. Submit all required and relevant documentation with this form by fax, email or in person. See last page for information
4. If clarification of your situation is necessary, additional information or documentation may be required. Check your SPIRE To Do's.

**PART II: HOUSEHOLD INFORMATION****Instructions**

- Line 1: List yourself
- Lines 2 & 3: List parent(s)/stepparent(s) you live with
- Lines 4-10: *List siblings and other people for which your parents will provide more than 50% financial support from July 1, 2016 through June 30, 2017.*

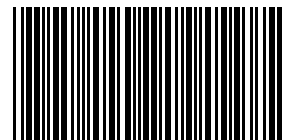
Full Name of Household Member	Age	Relationship to Student	Indicate if your parent(s) provide more than 50% financial support for people listed below	Name of College Attending for 2016-2017 and enrolled at least half time
1.		Self	-----N/A-----	UMASS Amherst
2.		Parent 1	-----N/A-----	Not applicable
3.		Parent 2/Stepparent	-----N/A-----	Not applicable
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
7.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
8.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
9.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If additional space is needed, attach a separate page.

**PART III: CHILD SUPPORT PAID** Yes NoA. Complete this section if your parent or stepparent **PAID** child support to another household in 2015.*Do not include support paid for people listed on household information above.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child	Amount Paid in 2015
				\$
				\$
				\$
				\$

**Note:** If we have reason to believe the information regarding child support paid is not accurate, additional documentation may be required, such as: a copy of court document that shows the amount of child support to be provided, a statement from the individual receiving the child support certifying the amount of child support received, copies of the child support payment checks or money order receipts, or documentation from State or Federal Office of Child Support Enforcement.



\*FDVERO\*

Name: \_\_\_\_\_ SPIRE ID: \_\_\_\_\_

**PART IV: PARENT AND STUDENT INCOME INFORMATION**

ANSWER ALL QUESTIONS COMPLETELY

**TAX RETURN FILERS:**

**A. Make sure you use the IRS Data Retrieval Tool (DRT) to directly update your FAFSA with your 2015 income information.** For information on how to use the IRS Data Retrieval Tool, visit our website: [umass.edu/umfa](http://umass.edu/umfa) or contact Financial Aid Services. If you cannot use the DRT, you will need to obtain a 2015 IRS Tax Return Transcript and submit it to our office. **\*A Federal 2015 Tax Return Transcript is the ONLY acceptable form of tax documentation.\***

	PARENT(S)	STUDENT
Did you or will you file 2015 federal taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NON FILERS:**

**B. Complete this section only if you or your parent(s) will not file and are not required to file a 2015 federal tax return.**

	PARENT(S)	STUDENT
Were you or your parents <u>employed</u> and/or earned income from work in 2015?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you or your parents were <u>employed</u> and earned income from work in 2015 complete information below:		
List the names of all employers and the amount earned from each employer in 2015, even if the employer did not issue an IRS W-2 form. Submit copies of all 2015 W-2 forms. Employer's Name: _____ _____ _____	Submit copies of all 2015 W-2 forms. Amount Earned: \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No	Submit copies of all 2015 W-2 forms. Amount Earned: \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ W-2? <input type="checkbox"/> Yes <input type="checkbox"/> No

**C. OTHER INCOME:** Complete this section regardless of your 2015 tax return filing status.

	PARENT(S)	STUDENT
Alimony or spousal support received in 2015:	\$ _____	\$ _____
Child Support received in 2015:	\$ _____	\$ _____
Cash, gifts given to you or your parent, or any money paid on your or your parent's behalf (e.g., bills, rent, tuition) by a third party (e.g. other relative, friend):	\$ _____	\$ _____
Amount of housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits):	\$ _____	\$ _____
Amount of veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances:	\$ _____	\$ _____
List sources of other untaxed income (e.g. workers' compensation, disability, etc.): Source: _____ Source: _____	\$ _____ \$ _____	\$ _____ \$ _____

**GOVERNMENT BENEFITS RECEIVED BY YOUR HOUSEHOLD (check YES or No)**

Note: you may be required to submit documentation of receiving benefits from providing agency.

(SSI) Supplemental Social Security Income (NOT survivor or Social Security Retirement benefits).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Food Stamps (SNAP- Supplemental Nutrition Assistance Program) .....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Temporary Assistance for Needy Families (TANF).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Special Supplemental Nutrition Program For Women, Infants, and Children (WIC).....	<input type="checkbox"/> YES <input type="checkbox"/> NO
Free-or-Reduced Lunch in 2015.....	<input type="checkbox"/> YES <input type="checkbox"/> NO



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Name: \_\_\_\_\_ SPIRE ID: \_\_\_\_\_

***Any financial aid awarded prior to verification is tentative. Financial Aid Services has the right, after reviewing your verification information, to change or cancel your award. Changes in funding, administrative/technical errors, changes in application information, enrollment status or reclassification in residency will affect your financial aid award and may result in a revised financial aid award.***

## PART V: CERTIFICATION

By my signature, I certify that all information submitted with, and written on this application, is complete, accurate, and corrections may be made based on data provided, and that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to prison, or both. I also certify that any federal or state financial aid funds I may receive will only be used to pay for educational expenses related to my attendance at the University of Massachusetts Amherst for 2016-2017.

Please be aware Financial Aid Services is obligated to report financial aid applicants that purposely misreported information or altered documentation to obtain federal funds to the Office of Inspector General for investigation and prosecution.

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Document must be signed with a real signature. Digital signatures are not accepted.***

**Fax completed, signed form to: 413-545-1700**

**or email completed, signed form to: fadocs@finaid.umass.edu**

(Attachments must be a standard image file, or in one of the following file formats: .doc, .docx, .pdf)

☐ I authorize Financial Aid Services to discuss or resolve any verification issues with the following persons: (please print)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ - \_\_\_\_\_

Relationship: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_ - \_\_\_\_\_

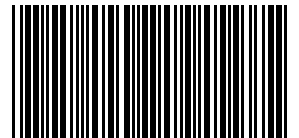
Email Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FINANCIAL AID SERVICES** • 243 Whitmore Administration Building

• Phone: 413-545-0801 • Fax: 413-545-1700

• Email: [finaid@finaid.umass.edu](mailto:finaid@finaid.umass.edu) • Web: [umass.edu/umfa](http://umass.edu/umfa)



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