



2017-18 Dependent Verification Form (3DVF)

Your 2017-18 Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Verification must be completed before you can be awarded. As part of this process, please complete this form, provide signatures, and return it to our office at the address or fax number above. Be sure to fully answer each question on this form. Incomplete forms will be returned for completion.

Student's Name (Last, First, Middle Initial) USC ID **or** My VIP ID

Section 1: Information About You and Your Family

- Please indicate the **current** marital status of your **FAFSA parent(s)** as reported on your 2017-18 FAFSA:
 Never Married Married / Remarried Widowed
 Unmarried and living together Divorced/ Separated
- Please indicate the **month and year** your **FAFSA parent(s)** were married/remarried, separated/divorced, or widowed: _____ **** Do not leave blank****
- Please list below the people your FAFSA parent(s) will support between July 1, 2017 and June 30, 2018. This would include:
 - **Yourself** (the student), your **FAFSA parent(s)** and **their dependent children**.
 - Other people **ONLY** if they are living with your FAFSA parent(s) and receive more than half of their support from your FAFSA parent(s) **AND** will continue to receive this support through June 30, 2018
 - **PLEASE LIST ALL FAMILY MEMBERS THAT MEET THE DEFINITION ABOVE.**

Full Name	Date of Birth	Relationship to Student	Attending College in 2017-18?	If Yes, Name of College (Exclude Parents)
1.		Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	USC-Columbia
2.		Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	XXXXXXXXXXXX
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more than 5 family members, check here _____ and continue on a separate sheet of paper.

Section 2: Information About Your Income

- Did you (the student) have any income in 2015? Yes (**W-2s required**) or No (**check one**)
 Read ALL and check **ONE** of the following:
- You submitted your 2015 IRS Tax Return Transcript to our office during the 2016-17 academic year.
 - You have attached a copy of your 2015 **signed** Federal Tax Return or 2015 IRS Tax Return Transcript to this form. If you filed an amended return, please submit the original 2015 **signed** Federal Tax Return and the **signed** amended Federal Tax Return (1040X).
 - You **will not** file AND are not required to file a 2015 federal tax return. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____

- Did your FAFSA parent(s) have any income in 2015? Yes (**W-2s required**) or No (**check one**)
 Read ALL and check **ONE** of the following:
- They submitted their 2015 IRS Tax Return Transcript to our office during the 2016-17 academic year.
 - They have attached a copy of their 2015 **signed** Federal Tax Return or 2015 IRS Tax Return Transcript to this form. If they filed an amended return, please submit the original 2015 **signed** Federal Tax Return and the **signed** amended Federal Tax Return (1040X).
 - Your FAFSA parent(s) **will not** file AND are not required to file a 2015 federal tax return. List sources and amounts of income not reported on a 2015 W-2 form on the following line: _____

Section 3: Other Untaxed Income

Print the information below for the calendar year 2015 : If not applicable, enter zeros. Do not leave any part of this section blank.	Student	Parent
Taxable earnings from need-based employment programs , such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
Combat pay or special combat pay . Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$	\$
Earnings from work under a cooperative education program offered by a college.	\$	\$
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, <u>amounts reported on the W-2 forms</u> in Boxes 12a through 12d, codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$
Child support received for <u>all</u> children. Don't include foster or adoption payments. (Total received in 2015)	\$	\$
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and the cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
Other untaxed income not reported , such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. (Total received in 2015)	\$	\$
Money received or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is <u>not</u> reported on this form and that is <u>not</u> part of a legal child support agreement. (Total received in 2015)	\$	XXXXXX

Section 4: Signatures

By signing below we certify that all information on this form is complete and correct.

Student: _____
(Handwritten signature required)

Date: _____

Parent: _____
(Handwritten signature required)

Date: _____