



2019-2020 VERIFICATION WORKSHEET

Student Additional Financial Information

Use your (and your spouse's) additional financial information for 2017 to complete the following worksheet. **If any item does not apply, please enter "N/A" for Not Applicable.**

Once we have received all requested documents on your To Do List, please allow our office up to 3 weeks to review and process the documents submitted.

Student Information				
Name (Last, First, Middle Initial)				
UTD ID				
Child Support Paid				
List the amount of child support you (and your spouse) paid in 2017. Do not include child support paid for the children already included in your household size.				
Name of Person Who Paid Support	Name of Person Who Received Support Payments	Name of Child For Whom Support was Paid	Age of Child	Total Amount Paid in 2017
Taxable Earnings from Need-Based Employment Programs				
List your (and your spouse's) 2017 taxable earnings from Federal Work-Study and/or other need-based employment programs. Also include need-based employment portions of fellowships and assistantships.				
Source of Income			Total Amount Received in 2017	
Taxable Grant and Scholarship Aid				
List the amount of taxable college grant and scholarship aid reported on your (and your spouse's) 2017 tax return. This amount can be found on the 2017 tax return, listed with the notation "SCH" beside line 7 of the 1040 or 1040A or line 1 of the 1040EZ.				
Type of Aid			Total Amount Reported as "SCH" on the 2017 tax return	

With few exceptions, you are entitled on your request to be informed about the information UTD collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTD correct information about you that is held by us and that is incorrect.



Office of Financial Aid

800 W Campbell Rd ROC22 Richardson, TX 75080

972-883-2941 ph | 972-883-6803 fax

financial-aid@utdallas.edu

UTD ID: _____ STUDENT'S NAME: _____

Combat Pay

List the amount of combat pay or special combat pay reported by you (and your spouse) on your 2017 tax return as part of the adjusted gross income. **Don't include** untaxed combat pay.

Source of Income	Total Amount Received in 2017

Cooperative Education Earnings

List the amount of your (and your spouse's) 2017 earnings from work under a cooperative education program offered by a college.

Source of Income	Total Amount Received in 2017

Signature and Certification

Each person signing this worksheet certifies that all of the information provided above is complete and correct.

Student Signature _____ Date _____

Spouse Signature _____ Date _____

Please submit the completed worksheet with your handwritten (not typed) signature to the Office of Financial Aid by:

Email: financial-aid@utdallas.edu or **Fax:** 972-883-6803 or **In-person drop-off:** Student Services Building, first floor