



We are required to verify the information you reported on your application for financial assistance. Please read and complete all sections of this form. ***IF ANY ITEM IS LEFT BLANK, THIS FORM MAY BE RETURNED TO YOU.*** When you have completed this form, return it with the requested documents to the address provided on the back. Your eligibility for Federal student assistance will be evaluated and you will be notified of any action you must take.

PRINT YOUR (THE STUDENT'S) NAME AND SOCIAL SECURITY NUMBER ON ALL TAX FORMS AND OTHER DOCUMENTS REQUESTED ON THIS FORM.

SECTION A: TELL US ABOUT YOURSELF

Student's Name _____ Phone _____ Soc. Sec. No. _____
 Address _____ City _____ State _____ Zip _____

SECTION B: TELL US ABOUT YOUR PARENTS' FAMILY SIZE

For Financial Assistance purposes "Parents" means your custodial parent and that parent's spouse. List and provide information about the people whom your parent(s) will support between July 1, 2008 and June 30, 2009. ***Always include your parent(s) and yourself***, and your parent(s) other children if they get more than half of their support from your parent(s). Include other people if they now live with and get more than half of their support from your parent(s) and will continue to get this support between July 1, 2008 and June 30, 2009. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2008 and June 30, 2009 and will be enrolled in a degree or certificate program.

FULL NAME	AGE	BIRTH DATE	RELATIONSHIP TO STUDENT	COLLEGE (attending 2008/2009)	MARITAL STATUS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

SECTION C: TELL US ABOUT YOUR (THE STUDENT'S) 2007 INCOME

1. **Check one:** _____ **YES**, I have filed or will file a 2007 U.S. Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country. **Attach a SIGNED copy of your 2007 U.S. Federal income tax return, Puerto Rico tax return, or foreign tax return.** If you did not keep a copy of your tax return, request a 2007 tax transcript by calling 1-800-829-1040.
- _____ **NO**, I have not filed and am not required to file a 2007 U.S. Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country. **Give the total amount of money you earned in 2007. If none write in zero.** \$ _____

SECTION D: TELL US ABOUT YOUR PARENT(S)' 2007 INCOME

1. **Check one:** _____ **YES**, my parent(s) have filed or will file a 2007 U.S. Federal income tax return, or a tax return for Puerto Rico, or a tax return for a foreign country. **Attach a SIGNED copy of your parent(s) 2007 U.S. Federal income tax return, or tax return for Puerto Rico, or tax return from a foreign country.** If you did not keep a copy of your tax return, request a 2007 tax transcript by calling 1-800-829-1040.
- _____ **NO**, my parent(s) have not filed and are not required to file a 2007 U.S. Federal income tax return, or a tax return for Puerto Rico, or tax return from a foreign country. **Give the total amount of money your parent(s) earned in 2007. If none, write in zero.**
 Mother/Stepmother \$ _____ Father/Stepfather \$ _____

SECTION E: TELL US ABOUT YOUR AND YOUR PARENT(S)' 2007 BENEFIT PROGRAMS

In 2007, did you, your parents, or anyone listed above in your parents' household receive benefits from any of the following federal benefit programs listed below? **Enter zeros if neither you nor your family received these benefits in 2007. DO NOT LEAVE BLANK.**

Type of Benefit	Name of Recipient	Relationship to Student
Supplemental Social Security Income (SSI)	_____	_____
Food Stamps	_____	_____
Free or Reduced Price Lunch	_____	_____
TANF	_____	_____
WIC	_____	_____

SECTION F: TELL US ABOUT YOUR AND YOUR PARENT(S) UNTAXED INCOME

Enter and add together all of the following that apply to you (in the column on the left) and your parents (in the column on the right). Enter the total amount at the bottom of each column. **IF ANY OF THE FOLLOWING DO NOT APPLY, ENTER ZEROS. DO NOT LEAVE BLANK.**

	STUDENT	PARENT(S)
2007 Social Security Benefits (such as SSI)	_____	_____
2007 Child Support Received (for children in the household)	_____	_____
2007 Welfare Benefits including TANF (don't include food stamps or subsidized housing)	_____	_____
2007 Payments to tax-deferred pension and savings plans. Include untaxed portions of 401(k), etc. (W-2 form in boxes 12a-12d, codes D, E, F, G, H, and S)	_____	_____
2007 Foreign income exclusion (IRS form 2555-line 45 or 2555EZ-line 18)	_____	_____
2007 Credit for federal tax on special fuels from tax return	_____	_____
2007 Housing, food, & other allowances paid to military and clergy	_____	_____
2007 Workman's compensation	_____	_____
2007 Veterans' noneducation benefits (disability, death pension, etc.)	_____	_____
2007 Any other untaxed income	_____	_____
2007 Cash or money paid on your behalf, not reported elsewhere on this form	_____	_____
2007 TOTAL	_____	_____

SECTION G: TELL US ABOUT YOUR AND YOUR PARENT(S) EXCLUSIONARY INCOME

Enter and add together all of the following that apply to you (in the column on the left) and your parents (in the column on the right). Enter the total amount at the bottom of each column. **IF ANY OF THE FOLLOWING DO NOT APPLY, ENTER ZEROS. DO NOT LEAVE BLANK.**

2007 Child Support Paid (for children not in the household)	_____	_____
2007 Taxable earnings from Federal Work-Study	_____	_____
2007 TOTAL	_____	_____

SECTION H: TELL US ABOUT YOUR AND YOUR PARENT(S) ASSET INFORMATION

If you completed a 1040 federal tax return, you must provide the following asset information:
 Net worth means current value minus debt

Cash, Savings	_____	_____
Net Worth of Investments (don't include the home you live in)	_____	_____
Net Worth of Business and/or Investment Farms	_____	_____

SECTION I: SIGN THIS VERIFICATION FORM

By signing this form, we certify that the information provided on this form is true and complete to the best of our knowledge and that any supporting documents accompanying this form are complete and correct. **WARNING:** If you give false or misleading information you may be fined, sentenced to jail, or both.

X _____ Date _____ X _____ Date _____
 Student's Signature Mother's (Stepmother's) Signature
 X _____ Date _____
 Father's (Stepfather's) Signature

Return completed form and all requested information to:
 Francis Marion University, Office of Financial Assistance, P.O. Box 100547, Florence, SC 29501-0547, 843-661-1190; 843-661-1195 FAX

DID YOU REMEMBER TO ATTACH A COPY OF YOUR 2007 TAX RETURN(S)?