



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 FAMILY SIZE**

List and provide information about the people that you (and your spouse) will support between July 1, 2008 and June 30, 2009. Include yourself (and your spouse, if married.) Include your (and your spouse's) dependent children if they get more than half their support from you. Include others only if they now live with you, get more than half their support from you, 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 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 2007 INCOME**

1. **Check one:** \_\_\_\_\_ **YES**, I (and/or my spouse) 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 returns, request a 2007 tax transcript by calling 1-800-829-1040.

\_\_\_\_\_ **NO**, I (and/or my spouse) 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 and your spouse earned in 2007. If none write in \$0.** Student \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_

**SECTION D: TELL US ABOUT YOUR AND YOUR HOUSEHOLD'S 2007 BENEFIT PROGRAMS**

In 2007, did you, your spouse, or anyone listed above in your household receive benefits from any of the following federal benefit programs listed below? **Write 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 E: TELL US ABOUT YOUR AND/OR YOUR SPOUSE'S UNTAXED INCOME**

Enter and add together all of the following that apply to you (and your spouse). Enter the total amount at the bottom of this section. **IF ANY OF THE FOLLOWING DO NOT APPLY, ENTER ZEROS. DO NOT LEAVE BLANK.**

- 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, & 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' noneducational 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 F: TELL US ABOUT YOUR AND YOUR SPOUSE'S EXCLUSIONARY INCOME**

Enter and add together all of the following that apply to you (and your spouse). Enter the total amount at the bottom of this section. **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 G: TELL US ABOUT YOUR AND YOUR SPOUSE'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 H: 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 Spouse'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)?**