You may or may not be required to submit any additional tax forms – please check your MAX account to see what forms are required to be submitted. If taxes are required, you must obtain a TAX RETURN TRANSCRIPT – we cannot accept copies of your tax return. The TAX RETURN TRANSCRIPT can be requested from the IRS in one of the following ways:

1) Online at www.irs.gov. Be sure to request the RETURN TRANSCRIPT (under Tools)
   - You can either print a copy immediately or have one mailed to you in 5-10 business days
   - You need the SSN, DOB, & address of the primary filer (the first person listed on the tax return)

2) By phone at 1-800-908-9946

3) By completing a Form 4506T-EZ, which can be obtained online at www.irs.gov.

IF ORDERING THE TAX RETURN TRANSCRIPT, PLEASE WAIT UNTIL YOU RECEIVE IT TO SEND IN ALL MATERIALS. WE CANNOT PROCESS THE VERIFICATION WITHOUT THE TAX RETURN TRANSCRIPT (UNLESS IT IS ALREADY WAIVED ON MAX).

#2- FOR DEPENDENT STUDENTS - HOUSEHOLD CHART (PAGE 2)

1) Write the student’s name and age on the first line.
2) Based on the marital status of your parents, list the names and ages of your parent(s) according to the following guidelines:
   - Married – list both your mother and father if both parents are living together and married to each other.
   - Unmarried but both legal parents living together – list both biological and/or adoptive parents if they are living together (regardless of gender) and unmarried. Do not include any person who is not a legal or biological parent.
   - Remarried – list your custodial parent (with whom you reside and/or provides your support) and his/her spouse (the student’s step-parent).
   - Never Married – list the name of the parent with whom you reside and/or provides your support.
   - Divorced/Separated – list the name of the parent with whom you have resided and/or provided your support for the last 12 months. Do not list the non-custodial parent (the one not living in the household).
   - Widowed – list the name of the parent with whom you reside and/or provides your support (the surviving parent).
4) On the remaining lines, please list all family members for whom you (the student’s parent(s)/step-parent) will provide more than half of their support between 07/01/2015 and 06/30/2016. List each family member even if he or she is not attending college. NOTE: If you are including an individual in the household who is 24 years old or older, please write a Statement of Support indicating how you support this person. If you are including an individual in the household who is not directly related to you, please write a Statement of Support indicating how you support this person. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, college costs, etc. (Attach a separate sheet if necessary.)
5) Write in the name of the college for any household member, excluding your parents/stepparents, who will be attending college at least half-time between 07/01/2015 through 06/30/2016 and will be enrolled in a degree program.

#3- FOR INDEPENDENT STUDENTS - HOUSEHOLD CHART (PAGE 3)

1) Write your name and age on the first line.
2) Based on your marital status, list the name and age of your spouse (if applicable) according to the following guidelines:
   - Never Married/Divorced/Widowed – list only yourself (do not list a spouse)
   - Married/Remarried – list both you and your spouse
   - Separated – list only yourself, not your spouse. (This only applies if you are separated, not divorced.)
6) On the remaining lines, please list all family members for whom you (the student and spouse, if applicable) will provide more than half of their support between 07/01/2015 and 06/30/2016. List each family member even if he or she is not attending college. NOTE: If you are including an individual in the household who is 24 years old or older, please write a Statement of Support indicating how you support this person. If you are including an individual in the household who is not directly related to you, please write a Statement of Support indicating how you support this person. Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, college costs, etc. (Attach a separate sheet if necessary.)
3) Write in the name of the college for any household member who will be attending college at least half-time between 07/01/2015 through 06/30/2016 and will be enrolled in a degree program.
Your Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called “Verification.” In this process, the Office of Financial Aid will be comparing information from your application with your and your parents’ (if dependent) tax and non-tax information. Federal law indicates that the Office of Financial Aid has the right to ask for this documentation before awarding Federal aid. If there are differences between your application information and your financial documents, the Financial Aid Counselor will correct this information and electronically reprocess the updated information.

Complete this form and submit all requested documentation to:

MILLERSVILLE UNIVERSITY
OFFICE OF FINANCIAL AID
PO BOX 1002
MILLERSVILLE, PA 17551-0302

PHONE: 717-872-3026
FAX: 717-871-2248

PAGE 1 – APPLICANT INFORMATION AND DETERMINATION OF STUDENT STATUS

PLEASE PRINT CLEARLY

Student’s Name: ________________________________ Student ID Number or SSN: ________________________________

Home Address: ________________________________________________________________

Street ___________________________________________ City _____________________________ State _________ ZIP ________________

Telephone: ( ) ____________________________ (number to be reached 8am -5pm) NUMBER TYPE □ Home □ Work □ Cell

Date of Birth: ______ / _______ / _______ Gender: □ Male □ Female

Contact Email: _____________________________________________________________________

Will be used to contact you for the Verification process only – in case any additional information or clarification is required. By providing an email address, you authorize us to communicate via email for verification information.

ANSWER ALL ELEVEN QUESTIONS

1. Were you born before January 1, 1992? □ YES □ NO

2. As of the date you filed the FAFSA, are you married? (Answer “Yes” if you are separated but not divorced.) □ YES □ NO

3. At the beginning of the 2015-2016 school year, will you be working on a master’s or doctorate program (such as an MA, MBA, MD, JD, PhD, EdD or graduate certification, etc.)? □ YES □ NO

4. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? □ YES □ NO

5. Are you a veteran of the U.S. Armed Forces? □ YES □ NO

6. Do you have children who receive more than half of their support from you between 07/01/15 and 06/30/16? □ YES □ NO

7. Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2016? □ YES □ NO

8. At any time since you turned age 13, were both of your parents deceased, were you in foster care, or were you a dependent or ward of the court? □ YES □ NO

9. Are you currently or were you (before you turned 18) an emancipated minor as determined by a court in your current state of residence or your state of legal residence at the time you received the determination? □ YES □ NO

10. Are you currently or were you (before you turned 18) in legal guardianship as determined by a court in your current state of residence or your state of legal residence at the time you received the determination? □ YES □ NO

11. On or after July 1, 2014, do you have a written determination that you were homeless or at risk of being homeless?

IF YOU ANSWERED “NO” TO ALL ELEVEN QUESTIONS, COMPLETE PAGES 1, 2 AND 4 OF THIS VERIFICATION FORM. IF YOU ANSWERED “YES” TO ANY QUESTION, COMPLETE PAGES 1, 3 AND 4 OF THIS VERIFICATION FORM.

FOR OFFICE USE ONLY

Date Completed: _____________ / _____________ / _____________ EFC:

□ REGULAR EFC □ SIMPLIFIED EFC □ AUTO ZERO EFC
PARENTS’ MARITAL STATUS (CIRCLE ONE)

1. MARRIED/REMARRIED  2. NEVER MARRIED  3. DIVORCED/SEPARATED

4. UNMARRIED AND BOTH LEGAL PARENTS LIVING TOGETHER  5. WIDOWED

PLEASE COMPLETE THE FAMILY CHART – REFER TO THE VERIFICATION INSTRUCTION SHEET #2

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>Name of College – Enrolled at least half-time 7/1/15 – 6/30/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Student</td>
<td>Millersville University</td>
</tr>
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</tbody>
</table>

PARENTS/STEPPARENTS’ 2014 FEDERAL TAXES:
Did your parents file a 2014 IRS Federal Tax Return (Form 1040, 1040A, 1040EZ) or a tax return for Puerto Rico or other foreign country? (Check one)

☐ YES — refer to the Verification Instruction Sheet - #1.

☐ NO — By checking this box, your parents are verifying they did not complete a federal tax return for 2014 and are not required by the IRS to file taxes. Please verify the amount and sources of income by completing the information below and by submitting all W-2 forms and/or information regarding your parents’ income during 2014.

Source of income | Amount | Source of income | Amount |
<table>
<thead>
<tr>
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</tbody>
</table>

STUDENT’S 2014 FEDERAL TAXES:
Did you file a 2014 IRS Federal Tax Return (Form 1040, 1040A, 1040EZ) or a tax return for Puerto Rico or other foreign country? (Check one)

☐ YES — refer to the Verification Instruction Sheet - #1.

☐ NO — By checking this box, you are verifying that you did not complete a federal tax return for 2014 and are not required by the IRS to file taxes. Please verify the amount and sources of income by completing the information below and by submitting all W-2 forms and/or information regarding your income during 2014.

Source of income | Amount | Source of income | Amount |
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</tbody>
</table>

One of the persons listed in the household (above) received SNAP benefits (food stamps) in 2013 or 2014.
I can provide documentation, if it is requested.  ☐ YES  ☐ NO

By signing this Verification Form, we certify that all of the information reported on it is complete and correct. (The student and at least one parent must sign.)

Student Signature ___________________________________________ Date __________
Parent Signature ___________________________________________ Date __________
STUDENT’S MARITAL STATUS (CIRCLE ONE)

1. SINGLE  2. MARRIED/REMARRIED
3. DIVORCED/WIDOWED  4. SEPARATED

PLEASE COMPLETE THE FAMILY CHART – REFER TO THE VERIFICATION INSTRUCTION SHEET #3

<table>
<thead>
<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>Name of College – Enrolled at least half-time 7/1/15 – 6/30/16</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Student</td>
<td>Millersville University</td>
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</tbody>
</table>

STUDENT/SPOUSE 2014 FEDERAL TAX FORM:

Did you and/or your spouse (if applicable) file a 2014 IRS Federal Tax Return (Form 1040, 1040A, 1040EZ) or a tax return for Puerto Rico or other foreign country? (*Check one*)

☐ YES — refer to the Verification Instruction Sheet - #1.

☐ NO — By checking this box, you are verifying that you did not complete a federal tax return for 2014 and are not required by the IRS to file taxes. Please verify the amount and sources of income by completing the information below and by submitting all W-2 forms and/or information regarding your income during 2014.

Source of income | Amount | Source of income | Amount
------------------|--------|------------------|--------
__________________| ______ | __________________| ______ |
__________________| ______ | __________________| ______ |

One of the persons listed in the household (above) received SNAP benefits (food stamps) in 2013 or 2014. I can provide documentation, if it is requested.  ☐ YES  ☐ NO

By signing this Verification Form, I certify that all of the information reported on it is complete and correct.

___________________________________________
Student Signature        Date
PLEASE COMPLETE ALL BOXES. DO NOT LEAVE BLANKS.

**CHILD SUPPORT PAID**

*Write “$0” if no child support was paid. DO NOT LEAVE BLANK.*

<table>
<thead>
<tr>
<th>STUDENT/SPOUSE</th>
<th>2014 ADDITIONAL FINANCIAL INFORMATION</th>
<th>PARENT(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Child support you paid because of divorce or separation or as a result of a legal requirement. Do NOT include support for children in your (or your parents’) household.</td>
<td>(Required for dependent students only)</td>
</tr>
<tr>
<td></td>
<td>List the full name of the person who paid child support:</td>
<td>List the total amount of child support paid:</td>
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<td>____________________________________________</td>
<td>$</td>
</tr>
<tr>
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<td>List the full name of the person child support was paid to:</td>
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<td>____________________________________________</td>
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</tr>
<tr>
<td></td>
<td>List the full name(s) AND age(s) of the child(ren) that child support was paid for:</td>
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</tbody>
</table>

**NOTE:** If this information is not provided, the child support paid amount will be changed to $0.

By signing this Verification Form, we certify that all of the information reported on it is complete and correct. The student and at least one parent (if applicable) must sign.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent Signature (if applicable)</th>
<th>Date</th>
</tr>
</thead>
</table>

Millersville University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990. Coordinators: Services for Students with Disabilities—Mrs. Sherlynn Bessick, Director, Office of Learning Services, Lyle Hall, 717-872-3178; Title VI and Title IX—Mr. James McCollum, Assistant to the President for Social Equity and Diversity, Delaware House, 717-872-3787; ADA Coordinator—Ms. Melanie DeSantis, Executive Director for Human Resources, Dilworth Building, 717-871-4950.

Millersville University is a member of the Pennsylvania State System of Higher Education.