2014-2015 Independent Student Quality Assurance Worksheet

Student Name: ____________________________  Loyola ID: ____________________________
(Please print)  (Your 11-digit Loyola ID number begins 0000.)

To complete the processing of your financial aid for the 2014–2015 academic year, we need to verify the information you provided on the Free Application for Federal Student Aid (FAFSA). Please provide us with additional information about you and your spouse by completing all parts of this worksheet. Indicate $0 or N/A if items do not apply. **Sign the Certification Statement on the final page before submitting the worksheet.**

2014–2015 Independent Household Verification

**Directions:** List the number of people you or your spouse will support between July 1, 2014, and June 30, 2015. **Include yourself (and your spouse).** Include your or your spouse’s children if the children get more than half of their support from you or your spouse. Include other people only if they now live with and get more than half their support from you or your spouse, and will continue to get this support between July 1, 2014, and June 30, 2015. If there are more than eight people, please attach a sheet listing additional family members.

(Support includes: money, gifts, loans, housing, food, clothes, car, medical and dental, payment of college costs, etc.)

<table>
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<tr>
<th>Full Name of Family Member</th>
<th>Age</th>
<th>Relationship Code (see codes below)</th>
<th>Attending undergraduate college at least half-time during 2014–2015?</th>
<th>Degree Program (for example: B.S., B.A.)</th>
<th>Name of College or University family member will attend in 2014–2015?</th>
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<tr>
<td>1. You—the student</td>
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<td>1—Spouse</td>
<td>Yes</td>
<td>B.S.</td>
<td>Loyola University Chicago</td>
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**Relationship Codes:**

1 = Student’s parent  
2 = Student’s stepparent  
3 = Student’s brother/stepbrother or sister/stepsister  
4 = Student’s husband or wife  
5 = Student’s son or daughter  
6 = Student’s grandparent  
7 = Other (explanation must be supplied on separate page)
**2014–2015 Untaxed Income Verification**

**Directions:** The FAFSA asked for other income items, which were not included in the Adjusted Gross Income on your federal income tax return. The following list includes some of those items. Please complete the items below as of the date you signed the FAFSA. **Enter all of the following information that applies to you or your spouse. List the total (annual) amount received in 2013.** Indicate $0 if an item does not apply. Attach supporting documentation as appropriate.

- **IRA deductions and payments** to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS 1040-line 28 & line 32 or 1040A-line 17. $ ______________
- **Tax exempt interest income** from IRS Form 1040-line 8b or 1040A-line 8b $ ______________
- **Untaxed portions of IRA distributions** from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. $ ______________
- **Untaxed portions of pensions** from IRS Form 1040-lines (16a minus 16b) or 1040A (12a minus 12b). Exclude rollovers. $ ______________

**2014–2015 Income Exclusion Verification**

**Directions:** Please complete the information below, applicable from January 1 to December 31, 2013. Indicate $0 or N/A if an item does not apply.

- **Education credits** (Hope and Lifetime Learning Tax Credits) from IRS Form 1040-line 49; or 1040A-line 31. $ ______________
- **Child support** actually paid to the other parent in 2013 because of divorce or separation. Do not include support for children in your household. $ ______________

**2014–2015 Supplemental Income Benefits Verification**

**Directions:** The FAFSA asked whether or not you (or your spouse) or someone in your household received supplemental income benefits. The following list includes some of those items. Please complete the items below as of the date you signed the FAFSA.

In 2012 or 2013 did you (or your spouse) or anyone in your household listed above receive benefits from **Supplemental Nutritional Assistance Program** (SNAP-Food Stamps)? **Yes _____ No _____**

**Certification Statement:**
All of the information provided by me or any other person on this form is accurate and complete to the best of my knowledge. If requested, we agree to give proof of the information we have provided on this form. Proof may include court documents, canceled checks, etc. Failure to provide the requested information will result in the loss of financial aid eligibility.

___________________________
Student Signature
___________________________
Date

___________________________
Spouse’s Signature
___________________________
Date