

Please submit this document to your respective Financial Aid Office.

STEP 1 – STUDENT INFORMATION

<i>Last Name</i>	<i>First Name</i>	<i>Social Security Number</i>	<i>Student ID Number</i>
<i>Permanent Address</i>	<i>Street & Number</i>	<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Local Phone Number (Include Area Code)</i>	<i>Permanent Phone Number (Include Area Code)</i>		<i>Email Address</i>

STEP 2 – FAMILY INFORMATION

If you are an **independent student**, include:

- ❖ Yourself
- ❖ Your spouse, if you are married.
- ❖ Your or your spouse’s children if you or your spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017.
- ❖ Other people if they now live with you and your spouse and you or your spouse provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

If more space is needed, please attach a separate page with your, the student’s, name and ID number at the top.

Full Name	Age	Relationship	Name of College/Degree Program <i>(if at least half-time 2016-2017)</i>
		<i>Self</i>	<i>Columbia University in the City of New York</i>

STEP 3 – SNAP BENEFITS

Were you or anyone in your household eligible to receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during the calendar year 2015. Please be advised that SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243)?

YES: Attach documentation showing that you or a member of your household qualified for the benefit during the calendar year 2015. Continue to STEP 4

NO: Continue to STEP 4

STEP 4 – STUDENT & SPOUSE TAX TRANSCRIPT & INCOME INFORMATION

Complete this section if you and/or your spouse filed, will file or will not file a 2015 IRS income tax return. *The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at FAFSA.gov.*
Check the box that applies if you filed or will file a 2015 IRS income tax return:

You and/or your spouse have used the IRS DRT in *FAFSA on the Web* to transfer 2015 IRS income tax return information into your FAFSA.

You and/or your spouse have not yet used the IRS DRT in *FAFSA on the Web*, but will use the tool to transfer 2015 IRS income tax return information into the student’s FAFSA once the 2015 IRS income tax return has been filed.

You and/or your spouse are unable or choose not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the school a **2015 IRS Tax Return Transcript**.

You and/or your spouse will not file a 2015 IRS income tax return, complete the table below and attach copies of ALL 2015 W-2 forms and continue to STEP 5.

Source of Income (Fill out only if you did NOT file taxes)	Amount Earned in 2015
TOTAL	

NOTE: We cannot accept a signed copy of the tax return. To request a Tax Return Transcript or a “W-2 Wage Summary” (if you did not keep a copy of your W-2 form) call the IRS at 800.829.1040. Please be advised that it may take a minimum of three weeks for the IRS to mail these documents to you.

STEP 5 – CHILD SUPPORT PAID CERTIFICATION

Did you or your spouse pay child support because of divorce or separation during the calendar year 2015? (Do not include support for children included in household size in STEP 2)

YES: Complete the table below and continue to STEP 6.

NO: Continue to STEP 6

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

STEP 6 – OTHER UNTAXED INCOME

If any item does not apply, enter “N/A” for Not Applicable where a response is requested, or enter 0 in an area where an amount is requested.

If you were not required to provide parental information on the FAFSA, answer each question below as it applies to you (and your spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with your name and ID number at the top.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

B. Child support received

List the actual amount of any child support received in 2015 for the children in your household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

C. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

D. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.

Do not include federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, and Post-9/11 GI Bill

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

E. Other untaxed income

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount of Other Untaxed Income Received in 2015

F. Money received or paid on the student's behalf

List any money received or paid on your behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support you received in 2015. Include support from a parent whose information was not reported on your 2016–2017 FAFSA, but do not include support from a parent whose information was reported.

For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is your parent whose information is reported on your 2016–2017 FAFSA**. Amounts paid on your behalf also include any distributions to you from a 529 plan owned by someone other than you or your parents, such as grandparents, aunts, and uncles.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

STEP 7 – CERTIFICATION

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature

Date

Student Name (Please Print)

Student ID Number

Spouse Signature

Date

Spouse (Please Print)