


**PURPOSE**

The Undergraduate Verification of Information Form will be used to verify the information submitted on your Free Application for Federal Student Aid (FAFSA).



- Do not fill this form out unless it has been requested by the Financial Aid Office.
- If you fill this form out incorrectly, or before you are asked, you will be required to complete it again and you may lose aid due to the delay in processing your file.

**BASIC INFORMATION**

Please use your full name (as it appears on your Social Security Card), Biola ID# (if known), Social Security Number, and complete permanent address.

Student Name \_\_\_\_\_ Biola ID# \_\_\_\_\_

\_\_\_\_\_

Social Security # \_\_\_\_\_ Permanent Phone # \_\_\_\_\_ Student's Email Address \_\_\_\_\_

Permanent Address (Include APT. #) \_\_\_\_\_

\_\_\_\_\_

City (& country if not in U.S.) \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**ENROLLMENT PLANS**

**FALL:**

- Enrollment:  Full-time (12+ units)  3/4 time (9-11 units)  1/2 time (6-8 units)  Less than 1/2 Time (5 units or less)  Not Attending
- Housing:  Living On-Campus  Living with Parents  Living Off-Campus

**SPRING:**

- Enrollment:  Full-time (12+ units)  3/4 time (9-11 units)  1/2 time (6-8 units)  Less than 1/2 Time (5 units or less)  Not Attending
- Housing:  Living On-Campus  Living with Parents  Living Off-Campus

College grade level based on college units completed by the end of summer 2008 (Do not include AP or college units completed while in high school)

Never attended college  Freshman (1-26 units)  Soph. (27-56 units)  Junior (57-87 units)  Senior (88+ units)  Teaching Credential

Expected date of graduation: .....

Will you be in an off-campus studies program in 2008-2009 (e.g. Biola Israel, England, etc.) ?  YES  NO

If "YES", which program?.....

**STUDENT DEPENDENCY STATUS**

Answer all seven questions in this step. This will determine whether you (student) are dependent or independent.

1. Were you born before Jan 1, 1985?.....  YES  NO
2. At the beginning of the 2008-2009 school year, will you be working on a master's or doctorate program (such as an MA, MBA, PhD, EdD, or graduate certificate, etc.)?.....  YES  NO
3. As of today, are you married? (Answer "YES" if you are separated, but not divorced.).....  YES  NO
4. Do you have children who receive more than half of their support from you?.....  YES  NO
5. 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, 2009?.....  YES  NO
6. Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?.....  YES  NO
7. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?.....  YES  NO
8. Are you a veteran of the U.S. Armed Forces (as determined on your FAFSA)?.....  YES  NO

**If you (student) answered "NO" to ALL questions, you are a DEPENDENT student.**

## FAMILY SIZE VERIFICATION

Please use the following chart to provide your household information (Refer to previous section to determine dependency status).

### Dependent Students, please include:

- Yourself
- The parents with whom you most recently lived, or who provided more than half of your support.
- Your parents' dependents (children or other individuals who live with them) if they will provide more than half of their support from July 1, 2008 through June 30, 2009.

### Independent Students, please include:

- Yourself
- Your spouse, if applicable.
- Your dependents (children or other individuals who live with you) if you will provide more than half of their support from July 1, 2008 through June 30, 2009.

Name(s)	Age	Relationship	Full name of 2008-2009 College	Enrollment Status
Example: John Smith	18	Self	Biola University	Half-time

(You must complete a **Sibling/Dependent Support Statement Form** for each dependent listed above that is **age 24 or older.**)

## STATEMENT OF NON-FILING

### DEPENDENT OR INDEPENDENT STUDENT AND SPOUSE:

- I/We filed a 2007 tax return. **STOP!! Do not complete the rest of this section!!**
- I/We did not and was/were not required to file a 2007 Federal Income Tax return.

List any wages earned in 2007 below. Do not list monetary gifts. **If you received 2007 W2's and/or 1099's from an employer, attach copies of them to this form.**

	Income Source(s)	Amount
Student:	.....	\$ .....
Spouse:	.....	\$ .....

### PARENT(S):

- I/We filed a 2007 tax return. **STOP!! Do not complete the rest of this section!!**
- I/We did not and was/were not required to file a 2007 Federal Income Tax return.

List any wages earned in 2007 below. Do not list monetary gifts. **If you received 2007 W2's and/or 1099's from an employer, attach copies of them to this form.**

	Income Source(s)	Amount
Father/Stepfather:	.....	\$ .....
Mother/Stepmother:	.....	\$ .....

**IMPORTANT: PLEASE DO NOT LEAVE ANY SPACES BLANK**

If a question does not apply to you, please indicate by filling the blank with a zero (0) dollar amount.  
 If you answered "YES" to any question in the "STUDENT DEPENDENCY STATUS" section, do not fill in the Parents column.

**Worksheets A, B, and C (THIS PAGE MUST BE COMPLETED AND SUBMITTED)****WORKSHEET A**

Calendar Year 2007	Student/Spouse	Parent(s)
Earned income credit from IRS Form 1040-line 66a; 1040A-line 40a; or 1040EZ-line 8a.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Additional child tax credit from IRS Form 1040-line 68 or 1040A-line 41.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Welfare benefits, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Social Security benefits received, for all household members as reported in the Family Size Verification section that were not taxed (such as SSI). Report payments in appropriate columns (Student/Spouse or Parent).	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>

**WORKSHEET B**

Calendar Year 2007	Student/Spouse	Parent(s)
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a - 12d, codes D, E, F, G, H, and S.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh payments and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A-line 17.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Child support <b>received</b> for all children. Don't include foster care or adoption payments.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Foreign Income Exclusion from IRS Form 2555-line 45 or 2555EZ-line 18.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter zero here.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Credit for federal tax on special fuels from IRS Form 4136-line 17 (nonfarmers only).	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Any other untaxed income or benefits not reported elsewhere on Worksheets A and B, such as worker's compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Tax filers only: report combat pay not included in AGI. <b>DON'T INCLUDE:</b> student aid, Workforce Investments Act educational benefits, combat pay if you are not a tax filer, or benefits from flexible spending arrangements (e.g. cafeteria plans).	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Money <b>received</b> , or paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Source(s) of cash received (i.e. loan and/or gift from friends, relatives - excluding parents-etc.).	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>

**WORKSHEET C**

Calendar Year 2007	Student/Spouse	Parent(s)
Education credits (Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Child support you paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, if they are listed as a child or dependent in the Family Size Verification section.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Taxable earning from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps Benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships. Do not include any financial aid awarded through Biola.	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>
<b>TOTAL</b>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/>

**DO NOT LEAVE ANY SPACES IN WORKSHEETS A, B, OR C BLANK**
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## VERIFICATION OF ELIGIBILITY FOR THE CHRISTIAN WORKER DEPENDENT SCHOLARSHIP

Did your parents' **primary** 2007 full-time income come from a church, mission agency or Christian non-profit agency **other than Biola**?

**YES**     **NO** If "YES", complete the following:

.....  
Name of Parent With Ministry Occupation

.....  
Name of Ministry Employer

\$ ..... \$ .....  
2007 Salary From Ministry                      2007 Housing Allowance

Are either of your parents employed in a non-ministry occupation?

**YES**     **NO**

If "YES", complete the following:

.....    .....  
Name of Parent                                      Name of Employer

\$ .....  
2007 Salary from non-ministry occupation

## HOME VALUE AND DEBT

- Dependent students: List the value and debt of your family's home only if it is your family's primary residence and your parent(s) own it.
- Independent students: List the value and debt of your home only if you are the homeowner.

\$ .....                      \$ .....                      \$ .....  
Current Home Market Value    Current Home Debt                      Purchase Price                      Date of Purchase

## FOR BOLD STUDENTS ONLY (ADULT DEGREE COMPLETION PROGRAM)

Will you receive employer re-imbusement?

**YES**     **NO**

If "YES", enter amount \$.....

Will you receive VA benefits?

**YES**     **NO**

If "YES", enter amount **per month** \$.....

## SIGNATURES



**PLEASE SIGN AND RETURN THIS COMPLETED FORM TO THE FINANCIAL AID OFFICE.** Failure to do this will delay your financial aid process. Unsigned and incomplete forms will be returned unprocessed.

I/We verify that the information on this form is true and complete.

.....  
Student Signature                                      (Required of all applicants)                                      Date

.....  
Parent Signature                                      (Required for DEPENDENT students)                                      Date