

Student's Last Name

First Name

M.I

Student's Social Security Number

## 2016-17 Independent Verification Worksheet - V5

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. To verify that you provided correct information, we will compare your FAFSA with the information on this verification form and any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete, sign, and submit this verification form and required documents to AMDA's Financial Aid Office. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

### Student Tax Information:

**1. Student Tax Filers:** Check only one box below if the student and/or spouse **is required** to file a 2015 income tax return with the IRS.

- ☐ The student and/or spouse completed the **IRS Data Retrieval Tool** in the FAFSA to transfer the 2015 IRS income tax return information.

**TO USE THE IRS DATA RETRIEVAL TOOL:**

- Log into [www.fafsa.ed.gov](http://www.fafsa.ed.gov) to complete or correct your FAFSA
- Click on the Financial Information tab at the top of the page
- Click "LINK TO IRS" to transfer your income information to your FAFSA

**–OR–**

- ☐ The student and/or spouse will provide a **2015 IRS Tax Return Transcript**.

**TO OBTAIN A 2015 IRS TAX RETURN TRANSCRIPT:**

- Log into [www.irs.gov](http://www.irs.gov) and click on the "Get a Tax Transcript" link or call 1-800-908-9946
- Make sure to request the **IRS Tax Return Transcript**

NOTE: Please allow approximately two weeks from the date you filed your tax return electronically to use the IRS Data Retrieval or request tax transcripts. If you filed a paper return, please allow 6–8 weeks for processing by the IRS.

**2. Student Non-Tax Filers:** Check only one box below if the student and/or spouse will not file and **is not required** to file a 2015 income tax return with the IRS.

- ☐ The student and/or spouse were not employed and had no income earned from work in 2015.

**–OR–**

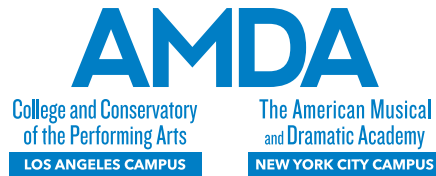
- ☐ The student and/or spouse were employed in 2015 and have listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form was provided. List every employer even if the employer did not issue an IRS W-2 form.

| Employer's Name                         | Amount Earned in 2015 | IRS W-2 Provided? |
|-----------------------------------------|-----------------------|-------------------|
| Suzy's Auto Body Shop (example)         | \$2,000.00            | Yes               |
|                                         |                       |                   |
|                                         |                       |                   |
|                                         |                       |                   |
|                                         |                       |                   |
| Total Amount of Income Earned from Work | \$                    |                   |

**Submit to:**

Los Angeles Financial Aid Office  
6305 Yucca St., Los Angeles, CA 90028  
Fax: 323-469-4823

New York Financial Aid Office  
211 West 61st St., New York, NY 10023  
Fax: 212-247-2784



Student's Last Name

First Name

M.I

Student's Social Security Number

### 3. Household Information:

List the people in the **student's household** including:

- The student.
- The student's spouse.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017.
- Other people that live with the student and will receive more than half of their support from the student through June 30, 2017.

Please include higher education institutions for any household member who will be enrolled **at least half time** in a degree, diploma, or certificate program between July 1, 2016, and June 30, 2017.

If more space is needed, provide a separate page with the student's name and Social Security Number at the top.

| Full Name | Age | Relationship to Student | College Institution | Will be Enrolled at Least Half Time (yes/no) |
|-----------|-----|-------------------------|---------------------|----------------------------------------------|
|           |     | Self                    |                     |                                              |
|           |     |                         |                     |                                              |
|           |     |                         |                     |                                              |
|           |     |                         |                     |                                              |
|           |     |                         |                     |                                              |

Note: We may require additional documentation to confirm the information provided regarding the household members enrolled in eligible postsecondary educational institutions.

### 4. SNAP Benefits

By initialing the box below, the student certifies that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. 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).

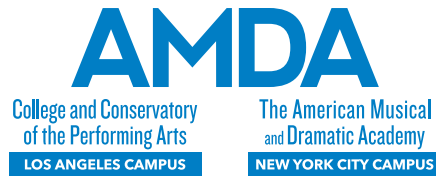
Note: We may require documentation from the agency that issued the SNAP benefits in 2014 or 2015 to confirm the information provided.

The student must initial box if SNAP benefits were received.

**Submit to:**

Los Angeles Financial Aid Office  
6305 Yucca St., Los Angeles, CA 90028  
Fax: 323-469-4823

New York Financial Aid Office  
211 West 61st St., New York, NY 10023  
Fax: 212-247-2784



Student's Last Name

First Name

M.I

Student's Social Security Number

## 5. Child Support Paid

If the student or spouse in the household paid child support in 2015, provide the names of the persons who paid child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page with the student's name and Social Security Number at the top.

| Name of the Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name and Age of Child for Whom Support Was Paid | Annual Amount of Child Support Paid in 2015 |
|-------------------------------------------|-----------------------------------------------|-------------------------------------------------|---------------------------------------------|
|                                           |                                               |                                                 |                                             |
|                                           |                                               |                                                 |                                             |
|                                           |                                               |                                                 |                                             |
|                                           |                                               |                                                 |                                             |
| Total Amount of Child Support Paid        |                                               |                                                 | \$                                          |

Note: We may require additional documentation to confirm the information provided, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

## 6. High School Completion Status

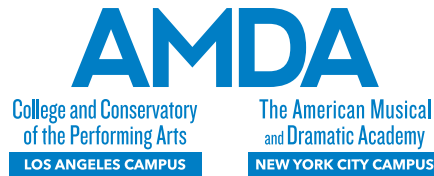
Provide **one** of the following documents that will indicate your high school completion status when you begin college in 2016–2017:

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A state certificate or transcript received by a student after the student passed a State-authorized examination (GED test, HiSET, TASC, or other State-authorized examination) that the State recognizes as the equivalent of a high school diploma.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a homeschooled student in a state where state law requires the student to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a homeschooled student in a state where state law does not require the student to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a home school setting.

### Submit to:

Los Angeles Financial Aid Office  
6305 Yucca St., Los Angeles, CA 90028  
Fax: 323-469-4823

New York Financial Aid Office  
211 West 61st St., New York, NY 10023  
Fax: 212-247-2784



Student's Last Name

First Name

M.I

Student's Social Security Number

## 7. Statement of Educational Purpose:

The student must appear in person at American Musical and Dramatic Academy to verify his or her identity by presenting valid government-issued photo identification such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign the Statement of Educational Purpose in the presence of the institutional official provided below.

If the student is unable to appear **in person** at American Musical and Dramatic Academy to verify his or her identity, the student must have this page notarized. If the notary statement appears on a separate page, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this statement of Educational  
(Print Student's Name)  
Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes  
and to pay the cost of attending American Musical and Dramatic Academy for the 2016–2017 school year.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

## 8. Cerifications and Signatures

The student whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### Submit to:

Los Angeles Financial Aid Office  
6305 Yucca St., Los Angeles, CA 90028  
Fax: 323-469-4823

New York Financial Aid Office  
211 West 61st St., New York, NY 10023  
Fax: 212-247-2784