



**GRADUATE VERIFICATION DOCUMENT
2007-2008 ACADEMIC YEAR**

Office of Financial Assistance
Villanova University • 800 Lancaster Avenue • Villanova, PA 19085-1685
Phone: (610) 519-4010 Fax: (610) 519-7599
Email: finaid@villanova.edu Website: www.finaid.villanova.edu

STUDENT INFORMATION (PLEASE PRINT OR TYPE)

NAME: _____ VU STUDENT ID NUMBER: _____

LOCAL ADDRESS: _____
Street Address

City State Zip Code

LOCAL PHONE NUMBER: _____ CELL PHONE NUMBER: _____

E-MAIL ADDRESS: _____

ALL APPLICANTS must attach to the Villanova University Graduate Verification Document the following information:

- A **SIGNED COPY** of student's (and spouse's, if applicable) 2006 U.S. Federal or Puerto Rico Tax Return. If you do not file, complete the non-filer certification on the back of the form stating that you have not and will not file a 2006 income tax return.
- Copies of all 2006 W-2 form(s) and/or 1099 forms(s) (for earned income only) received for student (and spouse, if applicable.)
- Verification of Social Security Benefits (Form 1099) for all household members, if applicable.

Student's Marital Status: Single Married Separated Divorced Widowed

Residency Status for 2007-2008 Commute from parents' home Off-campus resident (apt. or own house)
 Commute from relatives' home On-campus

LIST ALL OF THE DEPENDENTS IN YOUR HOUSEHOLD YOU WILL SUPPORT BETWEEN JULY 1, 2007 AND JUNE 30, 2008. (INCLUDE SPOUSE'S INFORMATION, IF APPLICABLE.)

NAME	RELATIONSHIP TO STUDENT WHO IS APPLYING TO OR ATTENDING VILLANOVA	AGE	IF ATTENDING SCHOOL IN 2007-2008 LIST SCHOOL NAME	IS STUDENT ATTENDING FULL OR PART-TIME? (INDICATE FT OR PT)	YEAR IN SCHOOL/COLLEGE (EXAMPLE: 6TH GRADE, JUNIOR, ETC.)	EXPECTED DATE OF GRADUATION (MONTH & YEAR)
APPLICANT	SELF		VILLANOVA UNIVERSITY			

SOURCES OF NON-TAXABLE INCOME (2006 only)

Please list below any untaxed income from such sources as Public Assistance, disability benefits, Social Security Benefits for all family members, tax exempt interest, living allowance paid to military or clergy, VA benefits, payments to 401(k), 403(b), 457(h), 501(c)(18)(D), 408(k)(6) or other tax-deferred pension/savings plans. You may want to refer to box 12 of your W-2 form for this information or Worksheet B from the FAFSA.

Source(s) _____ Amount for 2006 \$ _____
Source(s) _____ Amount for 2006 \$ _____
Source(s) _____ Amount for 2006 \$ _____

By signing below, I certify that all of the information on this form is true and complete to the best of my knowledge. If asked, I agree to give proof of the information, which may include a copy of my Federal or State income tax form. I am aware that the presentation of inaccurate information will result in denial of aid by the University, and where State or Federal funds are involved, is a violation of the law and can result in my indictment under the State or U.S. Criminal Codes.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF SPOUSE _____ **DATE** _____

**COMPLETE AND SIGN THE SECTION BELOW ONLY
IF YOU WILL NOT FILE A 2006 FEDERAL INCOME TAX RETURN.**

I have not and am not required to file a Federal Income Tax Return — IRS Form 1040, 1040A or 1040EZ for 2006. I will, if requested, provide official confirmation from the Internal Revenue Service to this effect. I certify that all information on the 2007-2008 FAFSA form is correct.

SOURCES OF UNTAXED INCOME FOR 2006

1. Amount of income earned from work (Attach copies of all W-2 and/or 1099 forms if applicable)

\$ _____  If none, enter zero (\$0).
Do not leave blank.

Did you or will you receive W-2 or 1099 form(s) for the 2006 calendar year? ___ Yes ___ No
If yes, attach all W-2 or 1099 form(s).

2. Amount of other untaxed income (including interest income)

\$ _____  If none, enter zero (\$ 0).
Do not leave blank.

3. List sources of untaxed income (including interest income)

I declare that to the best of my knowledge the information reported herein is correct and complete. I am aware that the presentation of inaccurate information will result in outright denial of aid by the University, and where STATE or FEDERAL funds are involved, is a violation of the law and can result in my indictment under the State or U.S. Criminal Codes.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF SPOUSE (IF APPLICABLE) _____ **DATE** _____