2016-2017 Health Professions Verification Worksheet Instructions

(DO NOT SUBMIT unless you have completed ALL three steps below)

1. You must complete the attached Health Professions Verification Worksheet
   • All questions must be answered
   • Complete as if you were dependent upon your parents
   • Sign and have at least one parent sign the form

2. Include Parent Information on the FAFSA

To be considered for Health Professions Loan, parent information must be taken into account. If you had not originally included your parent’s information on your FAFSA, please update accordingly.

3. Provide Tax Information for Yourself and Parents using A or B

A  IRS Data Retrieval Tool for FAFSA
Available beginning 2-3 weeks after electronically filing 2015 Federal Tax Return.
Certain exclusions apply and if you are unable to use, please see option B.

1. Log onto www.fafsa.gov
2. Select “Make FAFSA Correction”
3. Select Financial Information Tab

   Important: You will need to complete steps 5–13 for both you and your parents if you were required to file a 2015 Federal Tax Return.

4. Answer first two questions accordingly
5. If the icon appears answer the next three questions – Proceed to Step 8
6. If the icon does not appear

   You will need to order 2015 IRS Tax Return Transcript(s), see option B

7. If all answers are “No” you should see LINK TO IRS
8. Enter appropriate (parent/student) FSA ID/password then press LINK TO IRS
9. Press “OK”
10. Exactly as reported on the tax form enter: address, city, state, and zip code
11. Then check “Transfer My Tax Information into the FAFSA”
12. Click “Transfer Now” button
13. Proceed to the end of FAFSA application then submit
14. Make sure the confirmation page appears after clicking the submit button

B  Contact IRS to Request 2015 IRS Tax Return Transcripts using one of the following:
(All 2015 W-2 and 1099 forms are also required when submitting a Tax Return Transcript)

1. Call 1-800-908-9946
3. Complete and submit form 4506T-EZ to the IRS

IMPORTANT: Steps 1-3 must be submitted at the same time.
Make sure to include your UIN on all documents submitted. Failure to submit all the documents as per the instructions prior to July 1, 2016, will result in you not being eligible for the Health Professions Loan for the 2016/17 academic year.
2016-2017 Health Professions Verification Worksheet

Section A – Student Information (Please print clearly)

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section B – Family Information (Please read instructions below before completing)

Please list the people in your parent(s)' household, including:
- yourself (even if you don’t live with your parents) and your parents,
- your parents’ other children if (a) your parents will provide more than half of their support between July 1, 2016 and June 30, 2017, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support between July 1, 2016 and June 30, 2017.

Write the names of all household members in the space(s) below. If you need more space, attach a separate sheet. Also, write in the name of the college for any household member listed (excluding your parent(s)), who will be attending college at least half-time between July 1, 2016 and June 30, 2017, in a program that leads to a college degree or certificate.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Expected Graduation (Month and Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>UIC</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section C – Student and Parent Income Information

1. You and your parents MUST check below the method in which you are providing your official federal tax information to the Office of Student Financial Aid. Please indicate by checking the appropriate box for those not required to file a 2015 federal income tax return per the IRS regulations. Those not required to file a federal tax return or submitting IRS Transcripts will also need to provide all W-2 and 1099 Misc. forms for 2015. In lieu of such forms being received you must submit a signed statement detailing the employer and amount of money earned in 2015.

You: □ Already completed FAFSA IRS Data Retrieval □ Attached IRS Tax Return Transcript (Check Only One) □ Not required to file a 2015 federal tax return per the IRS regulations

Your Parent(s): □ Already completed FAFSA IRS Data Retrieval □ Attached IRS Tax Return Transcript (Check Only One) □ Not required to file a 2015 federal tax return per the IRS regulations

ENTER YOUR 9-DIGIT UIN

1617 HHRV–O B
Section C – Student and Parent Income Information – (Continued)

2. In 2014 or 2015, did you, your parents or anyone in your parents’ household (those listed in Section B of this form) receive benefits from the Supplemental Nutrition Assistance Program (SNAP)? Please indicate the correct answer below.

□ Yes  □ No

3. Looking at those individuals listed in Section B of this form, did you or any parent PAY child support because of divorce or separation or as a result of a legal requirement in 2015? Please indicate correct answer below. If you indicated “YES,” you will also need to submit a signed statement by the applicant and parent (who paid the child support) certifying the following: 1) The amount of child support paid (1/1/2015 through 12/31/2015), 2) The name of the person to whom child support was paid, and 3) The name of the children for whom child support was paid.

□ Yes  □ No

4. List any untaxed income received in 2015 (list yearly amount, not monthly amounts). Please complete chart below:

Calendar Year 2015 (January 1, 2015 - December 31, 2015)

<table>
<thead>
<tr>
<th>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 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. <strong>Don’t include amounts reported in code DD.</strong></th>
<th>Parent(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Child support **RECEIVED** for any of your parents’ children. **Don’t include** foster care or adoption payments.

<table>
<thead>
<tr>
<th>Housing, food, and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). <strong>Don’t include</strong> the value of on-base military housing or the value of a basic military allowance for housing.</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Veteran’s noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.

<table>
<thead>
<tr>
<th>Other untaxed income such as workers’ compensation, disability, health savings accounts, etc. <strong>Don’t include</strong> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Other money received, or paid on your behalf, not reported elsewhere on this form (exclude support from parents). For example, a friend or relative is helping pay your bills.

$ XXXXXX

Section D – Student and Parent Signatures

By signing this worksheet, I/we certify that all the information reported on this worksheet is correct to the best of our knowledge. If the UIC Office of Student Financial Aid notices a discrepancy, I/we understand corrections to my FAFSA will be submitted directly to the U.S. Department of Education. Additionally, I/we understand that any such corrections may also warrant an adjustment to any financial aid that has already been offered for the 2016-17 academic year.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

IMPORTANT: To avoid a delay in processing, please review to make sure that every question has been answered and that you have provided all additional documents per the instructions. Submit all documents at the same time!