Student Name ___________________________ Student ID # 900-________ Phone ___________________

DREAMER students including UNDOCUMENTED, ASSET and DACA students that are classified as Residents in the state of Colorado may be considered for institutional aid at MSU Denver. In order to review your eligibility for institutional aid at MSU Denver you must complete this application. If you and/or your spouse file a Federal Tax Return, we recommend completing the 2015 Federal Tax Return before completing the DAIA form. DREAMER students SHOULD NOT complete the online FAFSA application to be considered for institutional aid at MSU Denver. Your file will ONLY be reviewed if you submit this application, supporting documents, and are classified as a resident.

If you are currently classified as non-resident and would like to review your eligibility for residency:

- New students contact the Office of Admissions at 303-556-3058/SSB180
- Currently enrolled students contact the Office of the Registrar at 303-556-3991/SSB160

Privacy Notice: The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student records and prohibits University staff from disclosing information about your financial aid, your student billing account, and your registration records to parents or other individuals without your permission. FERPA authorization can be obtained with the Registrar.

Certification:
By signing this verification statement, I certify that all information reported in support of my application for financial assistance is complete and correct.

Student Signature ___________________________ Date ________________

Spouse Signature ___________________________ Date ________________

Documentation needed:

- [ ] Sign this form in blue or black ink. Spouse (if applicable) must sign.
- [ ] Answer all the questions on this form, if answer is zero or not applicable, enter “0”.
- [ ] Attach copies of your and your spouse’s signed 2015 Federal Income Tax Returns and copies of your and your spouse’s 2015 W-2 forms. These copies MUST be legible.
- [ ] If you and your spouse are now separated or divorced. Please write separated or divorced under the spouse’s signature, and provide copies of your Federal Tax Returns and W-2 forms.
- [ ] Male students – attach a copy of your selective service registration. Once we have processed this as received, you should only have to submit it once during your attendance at MSU Denver.

Metropolitan State University of Denver - Office of Financial Aid and Scholarships
Campus Box 2 PO Box 173362 Denver, CO 80217 Phone (303) 556-8593 prompt 1 Fax (303) 556-4927
Email us questions: finaid@msudenver.edu http://www.msudenver.edu/financialaid/

Immigrant Services (303)556-4048 if you have any questions or need assistance with this form.
 Dependency Questions

If you qualify for any of the categories below, please select an option. If you do not qualify for any of the categories below, please submit the Dependent DREAMER Application (DDAIA form), with your parent’s 2015 tax documents.

- Born Before January 1, 1994
- Veteran of U.S. Armed Forces
- Emancipated Minor
- Married
- Have Children You Support
- Legal Guardianship
- Graduate or Professional
- Legal Dependents
- At Risk of Homelessness
- Active Duty in U.S. Armed Forces
- Orphan, Ward of Court, Foster Care
- Unaccompanied Youth by HUD/School

Income Verification

I. STUDENT MUST CHECK AND COMPLETE SECTION A, B, OR C BELOW.

A. DID NOT WORK

Student □ Spouse □

B. DID WORK BUT DID NOT FILE 2015 FEDERAL INCOME TAX RETURNS – If you and/or your spouse were not required to file a 2015 Federal income tax return, list all sources of taxable income such as wages, interest income and unemployment compensation received in 2015 and the total amount received from each source. Please include the company’s or employer’s name and earning received in 2015.

Student:
Source $   Source $   Source $   Source $

Spouse:

C. DID FILE 2015 FEDERAL TAX RETURNS – Attach signed copies of all 2015 Federal Income Tax Return and provide all copies of W-2 forms. Electronic Filing Declaration is not acceptable. Sign all form in blue or black ink.

Student □ Spouse □

II. TAXABLE FINANCIAL AID

List any type of taxable financial aid received (i.e. need-based work study – please attach copies of your W-2 forms, grants, AMERICORP, scholarships, Education Credits). NOTE: This is money which was reported on yours and/or your spouse’s 2015 Federal income tax return.

Type of Financial Aid __________________________ Amount Received $ __________

Did you or your spouse pay child support for child(ren) not living in your household during 2015? Yes □ No □

Child(ren)’s Name(s) __________________________________________ Total Amount $ __________

III. UNTAXED INCOME in 2015

List the untaxed income and benefits you and/or your spouse received in 2015. Include YEARLY totals.

Student Spouse

Housing, food paid to members of military or clergy $ ______ $ ______

Veterans non education benefits such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or Educational Work-Study allowances. $ ______ $ ______

Did you or your spouse receive child support in 2015? ______ Please list total amount received in 2015 $ __________

(Don’t include foster care or adoption payments.)

Did you and/or your spouse receive any SSA, SSI or any other welfare benefits in the year 2015? Yes □ No □

Did you or your spouse receive SNAP (food stamps) or TANF benefits in 2015? Yes □ No □

Did you or your spouse receive any cash support or have any expenses paid for you by a third party in 2015? Yes □ No □

Please list the source from where the money received, or paid on your behalf came from and the amount.
IV. STUDENT'S LIVING ARRANGEMENT:
☐ I live with my parents
☐ I do not live with my parents. (Attach copy of current lease agreement or mortgage statement, if applicable)

V. INCOME ASSET INFORMATION

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash, savings and checking</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net worth of investments (see below*)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net worth of business</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Net worth of investment farm (do not include farm you live on)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Net worth = value minus debt
Investments include other real estate (do not include the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, bonds, other securities, education IRA's, installment & land sale contracts (including mortgages held), commodities, etc.

Household Verification

Include in the household listing:
- List yourself, your spouse (if applicable), and any children you support who are under the age of 24.
- If you or a spouse are paying child support: Do not list this person(s) in the household size, but fill out the child support section below.
- Other people: if they will live with you the entire time, July 1, 2017 – June 30, 2018 and provide more than half their support. Please fill out the back side of this form under 'Other People'. Documentation of support may be requested. Not providing this information will exclude this person from being included in the household size.

Please list your current marital status: ☐ single ☐ married ☐ remarried

<table>
<thead>
<tr>
<th>Relationship (i.e. spouse, brother, sister, etc.)</th>
<th>Age</th>
<th>Will this family member(s) be enrolled in at least 6 credit hours in college for one semester?</th>
<th>List the Student ID number of the family member(s) and the name and address of the college or university he/she will be attending during the 2017-2018 academic year. Do not abbreviate. Enrollment will be verified.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First &amp; Last Name</td>
<td>self</td>
<td>18</td>
<td>Yes</td>
</tr>
</tbody>
</table>

If your response is longer than space given, please attach an additional sheet of paper with your information.
Child Support Paid
Did you or your spouse pay child support for child(ren) not living in the household during 2015?  Yes ☐ No ☐
(Note – you may be requested to submit documentation of the support paid)

Child(ren)'s Name(s) _________________________________________ Total Amount Paid in 2015 $ __________

Child(ren)'s Name(s) _________________________________________ Total Amount Paid in 2015 $ __________

Name of Person(s) to whom the child support was paid to in 2015: _________________________________________

Other People:
If there are “other” people living in the household, you must provide documentation for those included. Please explain the extenuating circumstances as to why you are responsible for the individual and in what way you are supporting this person for: food, shelter, and health insurance. You are required to report any earnings or benefits the individual received. You must explain why adults are not receiving income. If your response is longer than space given, please attach an additional sheet of paper. If you do not provide in your statement the amount of benefits received, we will incomplete this form.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If your response is longer than space given, please attach an additional sheet of paper with your information.

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