

INSTITUTION INCOME VERIFICATION SHEET  
2014-2015 ACADEMIC YEAR

Student's ID number  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
                     Father's last name                      Mother's maiden name                      Name                      Initial

**\*(Nota que en EE.UU no se usa el apellido de la madre y se suele tener un segundo nombre- middle name)**

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
                     Month day year

Student's marital status as of today:

Single                       Married   
 Separated                       Divorced or widowed

University email address \_\_\_\_\_  
 Personal email address \_\_\_\_\_

Tel. (landline/cellular) \_\_\_\_/\_\_\_\_/\_\_\_\_

Residence Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I. Select:

Yes                      No

A. Are you a Graduate student (Masters, Doctorate)?

                     

B. Do you have a Bachelor's degree?

                     

C. Have you studied at other institutions?

                     

**(If you answered "yes" to question C, please complete the section below).**

Institution Name	Academic Year of Study

II. Family Information

Parents' marital status as of today:

Married                       Divorced or separated                       Widow

Never been married                       Living with non-married partner



## CERTIFICATION

I certify that I have personally examined the information provided on this application and to the best of my knowledge it is correct, accurate and complete. I have no objection to any investigation carried out for the purpose of substantiating any information provided. I accept any actions imposed by the University of Puerto Rico that may be deemed to be pertinent in the event of fraudulence on my part. I agree to provide all proof of income for the 2013 year to substantiate information provided on application.

_____ Student's signature	_____ Spouse's signature	_____ Date
_____ Father/stepfather's signature	_____ Social Security Number	_____ Date
_____ Mother/stepmother's signature	_____ Social Security Number	_____ Date

### Undergraduate and Graduate students

- After completing FAFSA for the first time changes should not be made.
- In order to make changes after Pell grant funds are received, consult with financial aid counselor
- After completing the loan application, an (MPN) Master Promissory Note must be completed in addition to an entrance interview or income assessment received.

### Graduate students

- If you received an assistantship, RISE grant, NASA or any other type of fellowship, you are privy to a Federal Supplemental Educational Opportunity Grant (FSEOG) and/or the Graduate Legislative Grant. In addition, you must report if any other private grants are received.

“THE UNIVERSITY OF PUERTO RICO PROHIBITS DISCRIMINATION IN EDUCATION, EMPLOYMENT, AND IN GRANTING SERVICES BASED ON RACE, COLOR, SEX, BIRTH PLACE, AGE, ORIGIN, SOCIAL STATUS, ANCESTRY, MARITAL STATUS, POLITICAL OR RELIGIOUS IDEAS AND BELIEFS, GENDER, SEXUAL PREFERENCE, NATIONALITY, ETHNIC ORIGIN, MILITARY VETERAN STATUS OR PHYSICAL HANDICAP.”

**Direct Loan Application**  
2014-2015 academic year

\_\_\_\_\_  
Father's last name    Mother's maiden name    First name    Student id number

Residence Address \_\_\_\_\_

Cellular phone ( ) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Residence phone ( ) \_\_\_\_ - \_\_\_\_\_

Undergraduate

Graduate

Indicate the amount requested \_\_\_\_\_

If you are not be eligible for subsidized loan, indicate whether you are interested in an **unsubsidized** loan.

Maximum loan amount possible

	<u>Subsidized</u>	<u>Unsubsidized</u>
1 <sup>st</sup> year	\$3,500	\$2,000
2 <sup>nd</sup> year	\$4,500	\$2,000
3 <sup>rd</sup> /4 <sup>th</sup> year	\$5,500	\$2,000
Graduate	----	\$20,500

Graduate:\*

Indicate if Graduate student is applying for **unsubsidized** loan.

Plus Loan:

Indicate if applying for a Plus loan and if credit verification (for student or parents) has been established.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

Reminder: Before turning in loan application, fill out the (MPN) Mandatory Promissory Note at <http://studentloans.gov>. Complete the IOU and Entrance Interview or Income Assessment.

\*If you receive an assistantship, RISE or NASA grant, or any other type of fellowship, you are not eligible for the (FSEOG) Federal Supplementary Educational Opportunity and/or the Graduate Legislative Grant. Any other private grants must be reported.

**FOR OFFICE USE ONLY**

PIN \_\_\_\_\_  
Dependency \_\_\_\_\_  
Academic Progress \_\_\_\_\_  
Total of loans EExpress \_\_\_\_\_

Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Degree Category \_\_\_\_\_  
Units: 1<sup>st</sup> semester \_\_\_\_\_  
2<sup>nd</sup> semester \_\_\_\_\_

Costs of Study \_\_\_\_\_  
EFC (10) \_\_\_\_\_

Transaction No. \_\_\_\_\_  
Entrance Interview \_\_\_\_\_

Resources \_\_\_\_\_  
Tuition Remission \_\_\_\_\_  
Aid Received \_\_\_\_\_  
Unmet Need \_\_\_\_\_

MPN \_\_\_\_\_

Amount Approved \$ \_\_\_\_\_

Subsidized \$ \_\_\_\_\_ Non-subsidized \_\_\_\_\_  
Grad. Plus \$ \_\_\_\_\_ Parents Plus \_\_\_\_\_

\_\_\_\_\_  
Financial aid counselor signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Rep. signature

\_\_\_\_\_  
Date

## ISIR CORRECTIONS SHEET

DRN \_\_\_\_\_

Office \_\_\_\_\_

PIN \_\_\_\_\_

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

Social Security No. \_\_\_\_\_

Student ID No. \_\_\_\_\_

### Lines to be corrected

	Student		Parents	
	Yes	No	Yes	No
<b>Filed tax return</b>				
<b>Type of tax return</b>	<b>State</b>	<b>Federal</b>	<b>State</b>	<b>Federal</b>
<b>Adjusted gross income</b>				
<b>Tax Contributions</b>				
<b>Exemptions</b>				
<b>Student or parents' income</b>				
<b>Spouse or mother's income</b>				
<b>Cash, savings or checking acct.</b>				
<b>Investments and real estate</b>				
<b>Business or property</b>				
<b>Family group</b>				
<b>University students</b>				

### Other Information

<b>Educational Tax Credit</b>		
<b>Alimony paid</b>		
<b>Taxable income, financial need based employment programs</b>		
<b>Any other grant or claimed scholarship</b>		
<b>Combat pay or extra pay for combat</b>		

### Non-taxable Income

<b>Payments to pension plans and savings of deferred taxes</b>		
<b>Deductible payments made to IRA</b>		
<b>Child support received on behalf of minor child(ren)</b>		
<b>Income from taxes with tax exemption</b>		
<b>IRA Non-distribution tax pensions</b>		
<b>Non-taxable distribution portion of retirement account</b>		
<b>Lodging, food and other maintenance costs allocation</b>		
<b>Non education assistance for Military Veterans</b>		

Other non-taxable income not claimed in the current tax return		
Cash received or paid on your behalf		

US citizen	
Marital Status	
University degree or certificate	
Year of study	
Other than grants, student desires to do work study or apply for a loan	
Pleaded guilty to possession or sell of illicit drugs	

Answer Yes or No

<b>P (46) Born before January 1, 1991</b>		<b>Mark X to all that apply</b>	<b>Student</b>	<b>Parents</b>
<b>P (47) Currently married</b>		<b>SSI</b>		
<b>P (48) Pursuing Masters or Doctorate</b>		<b>PAN</b>		
<b>P (49) US Military Service</b>		<b>Free School Lunch Prog.</b>		
<b>P (50) Military Veteran</b>		<b>TANF</b>		
<b>P (51) Children who receive support</b>		<b>WIC</b>		
<b>P (52) Adults under your care</b>				
<b>P (53) Ward of the Court</b>				
<b>P (54) Emancipated minor</b>				
<b>P (55) Court Ordered Guardianship</b>				
<b>P (56) High School</b>				
<b>P (57) Shelter Program</b>				
<b>P (58) Housing Program</b>				

<b>Other Corrections</b>	<b>Student</b>	<b>Parents</b>
<b>Bachelor degree</b>		
<b>Signatures</b>		
<b>Displaced Worker</b>		
<b>Marital Status</b>		

**Dependency Override**

**Professional Judgment**

Authorized signature \_\_\_\_\_

Date \_\_\_\_\_

Financial aid counselor signature \_\_\_\_\_

Data Processing rep. signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_