

## 2024-2025 Student Verification Worksheet Federal Student Aid Programs

Your 2024-2025 Free Application for Federal Aid (FAFSA) was selected for review in the process called Verification. The law requires that before awarding Federal Student Aid, our office must ask you and/or your family to confirm the information reported on the FAFSA, with the information you have provided on the completed institutional documents. You and/or your family must complete and sign this worksheet, attach any required documents and return this form along with all other required documents to the Office of Financial Aid. **Please return all required documentation within 30 days from the date of the initial request. Financial aid will be placed on hold until the process is completed.**

### Student and Family Information

M# \_\_\_\_\_

Last Name	First Name	M.I.	Social Security Number
Address (include apt. #)			Date of birth
City	State	Zip Code	Phone Number (include area code)

- Independent Students:** List the people that you (and your spouse) will support between July 1, 2024 and June 30, 2025. Include yourself, your spouse, and your dependent children (if you provide more than half of their support).
- Dependent Students:** List the people that your parents will support between July 1, 2024 and June 30, 2025. Include yourself, your parents, and your parents' dependent children (if your parents provide more than half their support, or if they would be required to give parental information when applying for Federal student aid).

### B. Family Information

Write the name, age and relationship of household family members who will live in the household between July 1, 2024 and June 30, 2025. Include yourself, your spouse if married, your parents, if a dependent student and parental information was required on the FAFSA. Also include dependent children, if you have provided **more than 50%** of their support. Please attach a separate sheet if household size is greater than seven.

Full Name of Household Member	Age	Relationship	College Attending 2024-2025	Enrolled at Least Half Time
1.		<b>SELF</b>		
2.				
3.				
4.				
5.				
6.				
7.				

### C. Certification of Food Stamps or Supplemental Nutrition Assistance Program (SNAP)

During 2022 or 2023 did any member of the above –listed household receive Food Stamps – Supplemental Nutrition Assistance Program (SNAP) benefits?                           **Yes**                           **No**

If yes, name (s) of household member(s) who received these benefits:

\_\_\_\_\_

## D. Certification of Child Support

During 2022 was child support paid by any member of the above-listed household? If yes, list the name of the household member who paid the child support, the name of the person to whom child support was paid in 2022, the name of the children for whom child support was paid in 2022 and the amount paid. You may be required to provide proof of payment if requested.

Name of Person Paying Support in 2022	Name of Person to whom Child Support was paid in 2022	Name of Child Receiving the Support in 2022	Amount of Support Paid in 2022

## E. Other Untaxed Income

Indicate the amount of untaxed income received for all family members listed in Section B of this worksheet. **Untaxed income includes** money not reported elsewhere on this form including Worker's Compensation, Disability Benefits, Black Lung Benefits, Railroad Retirement Benefits and untaxed portions of Health Savings Accounts from IRS Form 1040 line 25d. **Please provide your 2022 W-2(s) where indicated below.**

**Do not include** Federal or State Student Financial Aid, Earned Income Credit, TANF, untaxed Social Security Benefits, SSI, WAI, Combat Pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

Student & Spouse	Calendar Year 2022 Income Amounts	Parents
\$	Payment from tax deferred pensions and savings plans (paid directly or withheld from savings) including, but not limited to amount listed in boxes <b>12a - 12d</b> of the <b>W-2</b> , and having one of the following Codes: <b>D, E, F, G, H or S.</b> <b>Provide W-2(s).</b>	\$
\$	Form 1040 Schedule 1 Lines; 14+15+19.	\$
\$	Tax exempt interest income from IRS Form 1040 Line 2a	\$
\$	Untaxed portion of IRA distribution from IRS Form 1040, (Line 4a minus 4b and 5a minus 5b) Exclude rollovers.	\$
\$	Money received or paid on the student's behalf.	\$
\$	Other Untaxed Income line 25d (See description above in Section E)	\$
\$	Housing, food and other living allowances paid to members of the military and Clergy.	\$
\$	Veteran Non-Educational Benefits	\$

## F. Statement of Non-Filing

Check the line below for any person who DID NOT file a **2022 Federal Tax Return**. By checking this box you are certifying that the indicated individual did not file, and was not required to file, a **2022 Federal Tax Return**. If any of those people were employed for any part of 2022, you must enter the amount of income earned in the appropriate box and attach W2's received from the employer.

\_\_\_\_\_ You (Student)    \_\_\_\_\_ Student's Spouse    \_\_\_\_\_ Parent 1    \_\_\_\_\_ Parent 2 (or Step Parent)

SOURCE OF INCOME	STUDENT AND/OR SPOUSE AMOUNT	PARENT AMOUNT

## G. 2022 Income Tax Return Information

Both the student and parent are required to submit processed 2022 Federal tax information. (Note: if the student or parent filed an amended 2022 IRS tax return, please call our office.) A Federal Tax Transcript can be obtained online at [www.irs.gov](http://www.irs.gov).

## H. Certification and Signatures

Each person signing below certifies that all of the information required is complete and correct. Everyone whose income information was requested for the FAFSA must sign the worksheet.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent 2 Signature

\_\_\_\_\_  
Date