

2019–2020 Federal Verification Worksheet

Your Application was selected by the U.S. Department of Education for a review in a process called “verification.” In this process we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form and on your 2017 federal tax forms (and your spouse’s if you are married, or parents’ if you are considered dependent for federal aid purposes).

We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.

WHAT YOU NEED TO DO:

1. If you (and your spouse if you are married, or parent(s) if you are considered dependent for federal aid purposes) used the IRS Data Retrieval Tool when completing your FAFSA and did not make any changes to that information, a 2017 IRS Tax Return Transcript is not necessary.
2. If you (and your spouse if you are married, or parent(s) if you are considered dependent for federal aid purposes) did not use the IRS Data Retrieval Tool or you made changes after the IRS Data Retrieval, contact the IRS at www.irs.gov or call 1.800.908.9946 to obtain a 2017 Tax Return Transcript (this may take up to three weeks to obtain).
3. If you (or your spouse if you are married, or parent(s) if you are considered dependent for federal aid purposes) did not and are not required to file an IRS 1040, you (or your spouse if you are married, or parent(s) if you are considered dependent for federal aid purposes) must affirm that you are not required to file an IRS 1040 and include a copy of 2017 W-2 forms from all employers.
4. Submit this completed worksheet, tax transcripts (if applicable), W-2s, and any other documents to the Financial Aid Office.

A. STUDENT INFORMATION

LAST NAME	FIRST NAME	M.I.	
PHONE NUMBER (INCLUDE AREA CODE)	SOCIAL SECURITY NUMBER	DATE OF BIRTH	
ADDRESS (INCLUDE APT. #)	CITY	STATE	ZIP CODE

B. FAMILY INFORMATION

- INDEPENDENT STUDENTS (STUDENT WHO DID NOT NEED TO PROVIDE PARENT INFORMATION ON THE FAFSA):** List the people in your household, include: (a) yourself, and your spouse if you have one; (b) your children, if you provide more than half of their support from July 1, 2019 through June 30, 2020; and (c) other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.
- DEPENDENT STUDENTS (STUDENTS WHO DID NEED TO PROVIDE PARENT INFORMATION ON THE FAFSA):** List the people in your parents’ household, include: (a) yourself and your parent(s) (including stepparent) even if you don’t live with your parent(s); and (b) your parent(s) other children, even if they don’t live with your parent(s), if (1) your parent(s) provide more than half of their support from July 1, 2019 through June 30 2020, or (2) the children would be required to provide parental information when applying for Federal Student Aid; and (c) other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

WRITE THE NAMES OF ALL HOUSEHOLD MEMBERS. Dependent students must include legal (biological or adoptive) parents if the parents live together, regardless of the marital status or gender of the parents. Also write in the name of the college for any family member who will be attending at least half-time between July 1, 2019 through June 30, 2020, and will be enrolled in a degree, diploma, or certification program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE
		Self	MECA

C. STUDENT

COMPLETE PART C ONLY IF YOU WILL NOT FILE AND ARE NOT REQUIRED TO FILE AN IRS 1040

I ATTEST THAT I HAVE NOT FILED AN IRS 1040 FOR 2017 AND I AM NOT REQUIRED TO FILE AN IRS 1040 FOR 2017. I HAVE ATTACHED ALL OF THE W-2 FORMS I RECEIVED FOR 2017. DEPENDENT STUDENTS: IF NO W-2s WERE RECEIVED, ATTACH A SIGNED STATEMENT LISTING ALL SOURCES OF INCOME AND AMOUNTS EARNED. INDEPENDENT STUDENTS: INCLUDE ALL W-2s AS WELL AS "VERIFICATION OF NONFILING" FROM THE IRS FOR YOURSELF AND YOUR SPOUSE.

D. PARENT OR SPOUSE (IF APPLICABLE)

COMPLETE PART D ONLY IF YOU WILL NOT FILE AND ARE NOT REQUIRED TO FILE AN IRS 1040

I ATTEST THAT I HAVE NOT FILED AN IRS 1040 FOR 2017 AND I AM NOT REQUIRED TO FILE AN IRS 1040 FOR 2017. I HAVE ATTACHED ALL OF THE W-2 FORMS I RECEIVED FOR 2017. DEPENDENT STUDENTS: IF NO W-2s WERE RECEIVED, ATTACH A SIGNED STATEMENT LISTING ALL SOURCES OF INCOME AND AMOUNTS EARNED. INDEPENDENT STUDENTS: INCLUDE ALL W-2s AS WELL AS "VERIFICATION OF NONFILING" FROM THE IRS FOR YOURSELF AND YOUR SPOUSE.

E. WORKSHEET INFORMATION

Both tax filers and non-tax filers must list any untaxed income received in 2017. List the ANNUAL amount you received. **Be sure to enter zeros if no funds were received.** Failure to complete this section will delay the processing of financial aid.

STUDENT (Spouse)	CALENDAR YEAR 2017 2017 UNTAXED INCOME	PARENT(S) (Step-parent)
\$ _____	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 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S.	\$ _____
\$ _____	Child Support received for all children. Don't include foster care or adoption payments.	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on base military housing or the value of a basic military allowance for housing.	\$ _____
\$ _____	Veterans' noneducation benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Other untaxed income not reported on this form, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040—line 25. <u>Don't include</u> 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 fuel.	_____
\$ _____	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$ _____
2017 ADDITIONAL FINANCIAL INFORMATION		
\$ _____	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household.	\$ _____
\$ _____	Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____
\$ _____	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$ _____

F. CHILD SUPPORT PAID – CALENDAR YEAR 2017

If you reported above that you paid child support please complete the information below

AMOUNT OF CHILD SUPPORT PAID	NAME OF WHO CHILD SUPPORT WAS PAID TO	NAME OF CHILD PAYING SUPPORT FOR	AGE OF CHILD
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____

G. FOOD STAMP BENEFITS – CALENDAR YEAR 2017

Were you eligible to receive food stamps during the 2017 and/or 2018 calendar year?

YES – Attach documentation from DHHS. A printout from the web site or a copy of your SNAP card will be accepted as documentation. NO – Continue to signatures

H. SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

STUDENT SIGNATURE

DATE

PARENT (DEPENDENT) OR SPOUSE (INDEPENDENT) SIGNATURE

DATE