

SECTION I – STUDENT IDENTIFICATION

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Your FAFSA application was selected for review in a process called “Verification”, which is required under Federal Financial Aid Program rules. In this process we will be comparing information from your FAFSA, this form, and data transferred from the Internal Revenue Service.

Please complete the verification requirements as soon as possible so your financial aid will not be delayed.

			A
Student Last Name	First Name	M.I.	Student ID #
Permanent Address (include Apt. No.)			Date of Birth
			() ()
City	State	Zip Code	Home Phone Number Cell Phone Number

SECTION II – FAMILY INFORMATION

List yourself and any other legal dependents living in your household, for whom you will provide more than half of their support from July 1, 2018 through June 30, 2019. Please include biological or stepchildren if you and/or your spouse are their custodial parent(s), even if they are not claimed on your tax return.

Who is included in the household:

- **INCLUDE YOURSELF AND YOUR SPOUSE.**
- INCLUDE your children if they live at home and you provide more than half of their support.
- DO NOT include foster children,.
- DO NOT include boyfriend, girlfriend, fiancée or roommate(s).
- DO NOT include your children over the age of 24 if they are students.

List the name, age, relationship and name of college each listed person will attend, if applicable.

LIST THE NAME OF EACH Household Member (INCLUDING YOURSELF)	Age	Relationship to Student	NAME OF COLLEGE <small>(if enrolled at least ½ time between July 2017 -June 2018)</small>
		Self	LSSU

You must complete ALL boxes for each household member, including yourself.

Check if:

- You are still living in your parents’ household
- Someone else is providing basic living expenses
 Name _____

For internal use ONLY:

Reviewed _____

Scanned: _____

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SECTION III- TAX DOCUMENTATION.

Please indicate which one of the following forms of tax documentation will be submitted.

Student and/or Spouse: *One of the following must be checked.*

- USED** the IRS Data Retrieval Tool (DRT) on FAFSA and did not change any data.
- Will submit 2016 Tax Return Transcript(s).*
- Not eligible to use the IRS DRT or obtain 2016 tax return transcript(s) due to special circumstances.**
- Did **NOT** work in 2016 and was **NOT** required to file a Federal Income Tax Return.
 - Will submit a Verification of Non-Filing Letter from IRS.***
- Was employed in 2016 but was **NOT** required to file a Federal Income Tax Return.
 - Will submit a Verification of Non-Filing Letter from IRS.***
 - Will submit W-2's for all income earned in 2016: *List Employer(s) for each W-2*
 - Student W-2s _____
 - Spouse W-2s _____

*If you and your spouse filed separate returns, you must provide the **IRS Tax Return Transcript** for each of your returns.

**Special Tax Filing Circumstances include: you were granted a filing extension, filed an amended return, filed a foreign tax return, or were a victim of identity theft. Please contact the Financial Aid office for acceptable documentation.

*** If you and your spouse both did not work, and did not file taxes, **you must provide a Verification of Non-Filing Letter for EACH of you.** This can be found at www.irs.gov/individuals/get-transcript.

SECTION IV- FEDERAL BENEFITS This section does not apply to me.

Someone in my household received the following Federal Benefits in 2016 and/or 2017. *Check all that apply*

- FOOD STAMPS (SNAP):** *If yes, indicate which year(s) benefits were received:* 2016 2017
- SSI or Medicaid Free/Reduced School Lunch Temp. Assistance for Needy Families (TANF) WIC

SECTION V- CHILD SUPPORT This section does not apply to me.

- ▶ I and/or my spouse **paid** or **received** child support in 2016.
Check one or both, if it applies

FOR PAID CHILD SUPPORT COMPLETE THE FOLLOWING AND **SUBMIT PROOF OF PAYMENT** (Exp. Friend of the Court Statement):

Name of person who paid child support:				
To whom the child support was paid to:				
Name(s)/age(s) of child(ren) for whom it was paid:	Name:	Age:	Name:	Age:
	Name:	Age:	Name:	Age:
Total amount of child support paid for 2016:				

FOR RECEIVED CHILD SUPPORT COMPLETE THE FOLLOWING:

Name(s) of child(ren) for whom is was received:	
Total amount of child support received for 2016:	

SECTION VI- CERTIFICATION

By signing this form, I certify that all of the above information is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Date

Spouse Date

Important
Incomplete forms
WILL NOT BE
ACCEPTED!

Return to: Lake Superior State University
FINANCIAL AID OFFICE
650 W Easterday Avenue
Sault Ste Marie, MI 49783
Phone: 906-635-2678
Fax: 906-635-6669 finaid@lssu.edu

Be sure to check your LSSU email and my.LSSU/Anchor Access on a regular basis for updates!

If you or your spouse have experienced a recent income loss or paid more than 11% of your income in 2016 for medical expenses, you may be eligible for a re-evaluation due to Special Circumstances. You can review the requirements on our website at www.lssu.edu/finaid; Forms 2017-18; Special Circumstances for Independent Student