

2019-2020 Verification Worksheet Dependent Student

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 any data transferred from the Internal Revenue Service. Please carefully answer all questions and supply additional information if requested.

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

			Α			
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

Include in the household:

List yourself, your parent(s), and any other legal dependents, including other children/stepchildren living in your parent's household, for whom your parent(s) will provide more than half of the dependent's support from July 1, 2019 through June 30, 2020. Also list the age, relationship and name of college each listed person will attend.

- INCLUDE YOURSELF AND YOUR PARENT(S) even if you don't live at home.
- INCLUDE your custodial parent's other children if they live at home and your parent(s) provide more than half of their support.
- DO NOT include foster children, parent or sibling's boyfriend, girlfriend, fiancée or roommate(s).
- DO NOT include your siblings over the age of 24 unless your parents can demonstrate that they provide more than 50% of their support. **Parent(s):**
- If your biological parents live together, even if they were never married, you must include information about both parents.
- If you parents are divorced or separated, your custodial parent is the parent that you lived with more during the past 12 months.
- If your custodial parent is remarried, you must include your stepparent's information.
 If your parent's situation is not described above and you are uncertain whose information should have been reported on the FAFSA, please contact the Financial Aid Office for clarification.

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 (if enrolled at least ½ time between July 2019 -June 2020)
		Self	LSSU
		Parent	
		Parent/Stepparent	
	<u> </u>		

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

For Internal use ONLY :
Reviewed:
Scanned:
VERCD- V1

<u>SECTION III – PARENT TAX INFORMATI</u>	<u>ON</u>	SECTION IN	<u> </u>	DENT TAX INF	ORMATION	_
USED the IRS Data Retrieval Tool (DRT) on FAFSA a change any data. Will submit 2017 Tax Return Transcript(s).* Not eligible to use the IRS DRT or obtain 2017 tax is transcript(s) due to special circumstances.** Parent(s) did NOT work in 2017 and was NOT required Federal Income Tax Return. Must submit the following for each parent listed in the Non-Filing Letter from the IRS*** Parent(s) was employed in 2017 but was NOT required Federal Income Tax Return. Must submit the following for each parent listed in the Non-Filing Letter from the IRS.*** Non-Filing Letter from the IRS.*** W-2's for all income earned in 2017 for both	return ired to file a household: ired to file a household:	change any d Will submit 2 Not eligible to transcript(s) o Student did N Federal Incor Student was Federal Incor Must submi	ata. 017 Tax Re o use the II due to Spec NOT work in me Tax Reto employed in me Tax Reto to f the fol	in 2017 but was No urn.	017 tax return ** OT required to file OT required to file	e a
NOTE: IF NOT FILING TAXES BUT INCOME WAS EARNED FOR 2017, *If your parents filed separate returns, you must provide the IRS Ta **Special Tax Filing Circumstances include: you were granted a filin Please contact the Financial Aid Office for acceptable documentatic *** A Verification of Non-filing Letter can be obtained from www.ir	x Return Transcr g extension, filed n.	ipt for each of their re an amended return, f	turns, found	at IRS.gov.		
SECTION V— FEDERAL BENEFITS Someone in my parent's household received the FOOD STAMPS (SNAP): If yes, indicate which yes SSSI or Medicaid Free/Reduced School Lunch	e following or (s) benefits was Temp. As	vere received: sistance for Need	in 2017 o 2017 2 00 y Families (r 2018. <u>Check all tha</u> 018 (TANF)	at apply:	
SECTION VI— CHILD SUPPORT ► My parent(s) □ paid or □ received Cleck one or both if applicable FOR PAID CHILD SUPPORT COMPLETE THE FOLLOWING A Name of person who paid child support:	nild support				Statement):	
To whom the child support was paid to: Name(s)/age(s) of child(ren) for whom it was paid: Total amount of child support paid in 2017: FOR RECEIVED CHILD SUPPORT COMPLETE THE FOLLOW Name(s) of child(ren) for whom support was rec		Age: Age:	Nam Nam		Age: Age:	
SECTION VII— CERTIFICATION By signing this form, I certify that all of the above in	\$ sformation is	complete and co	rrect.	WARNING: If you purpose information on this worksl sentenced to jail, or both.		
Student Date	Incom	portant plete forms L NOT BE CEPTED	Return to:	Lake Superior State L FINANCIAL AID OFFIC 650 W Easterday Ave Sault Ste Marie, MI 4 Phone: 906-635-2678 Fax: 906-635-6669	CE enue 19783	
Parent (one parent must sign) Date	CCLI/A = =!			nais fan stadt	.,	_

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