

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, 2020 through June 30, 2021. 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 (if enrolled at least ½ time between July 2020 -June 2021)
		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.*

- ☐ I (we) filed a 2018 Tax return
 - ☐ I used the IRS Data Retrieval Tool on the FAFSA to transfer 2018 Federal Tax Information
 - ☐ I was unable or chose not to use IRS DRT on the FAFSA-**Attach** a signed copy of your **2018 Tax Return Transcript**
- ☐ I (we) did not and was not required to file a 2018 Tax Return
 - ☐ I (we) earned income from work in 2018-**Attach** copies of you and your spouse's **2018 W-2 Forms.**
 - ☐ I (we) did not earn income from work in 2018-**Attach** a **Non-Filing letter from the IRS for each of you.**

*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.

*** **Non-Filing Letter** 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 2018 and/or 2019. *Check all that apply*

- ☐ **FOOD STAMPS (SNAP):** *If yes, indicate which year(s) benefits were received:* ☐ 2018 ☐ 2019
- ☐ 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 2018.
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 2018:				

FOR RECEIVED CHILD SUPPORT COMPLETE THE FOLLOWING:

Name(s) of child(ren) for whom is was received:	
Total amount of child support received for 2018:	

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!