

## **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	Zi	ip Code	() Home Phone Number	() Cell Phone Number		
SECTION II – FAM	ILY INFORMAT	ION					
Include in the house							
<ul> <li>INCLUDE your cust</li> <li>DO NOT include fo</li> <li>DO NOT include you</li> <li>Parent(s):</li> <li>If your biological parents are of</li> <li>If your custodial parent's situe</li> <li>contact the Finance</li> <li>List the name, age, relation</li> </ul>	the age, relationship F AND YOUR PARENT(S) e odial parent's other child ster children, parent or si pur siblings over the age o arents live together, even divorced or separated, yo arent is remarried, you mu uation is not described ab ial Aid Office for clarificat tionship and name of co	and name even if you o ren if they l bling's boyf f 24 unless a if they wer ur custodia ust include bove and yo ion.	e of college each listed p don't live at home. ive at home and your parent riend, girlfriend, fiancée or r your parents can demonstra re never married, you must in I parent is the parent that yo your stepparent's informatic	erson will attend. (s) provide more than half oommate(s). te that they provide more t include information about b ou lived with more during th on. nation should have been re	of their support. han 50% of their support. oth parents.		
LIST THE NAME OF E Household Member		Age	Relationship to Studer		AME OF COLLEGE t ½ time between July 2023 -June 2024)		
		, ABC	Self		LSSU		
			Parent				
			Parent/Stepparer	t			

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

SECTION III – PARENT TAX INFORMAT	SECTION IV – STUDENT TAX INFORMATION								
<ul> <li>I filed a 2021 Tax return         <ul> <li>I used the IRS Data Retrieval To FAFSA to transfer 2021 Federal Information</li> <li>I was unable or chose not to use on the FAFSA-<u>Attach a signed your 2021 Tax Return Transcri</u></li> <li>I did not and was not required to file a 2021</li> <li>I did not earn income from work <u>Attach a Non-Filing letter from</u></li> <li>I earned income from work in 20 <u>copies of your 2021 W-2 Form</u> <u>Non-Filing letter from the IRS.</u></li> </ul> </li> </ul>	<ul> <li>I filed a 2021 Tax return         <ul> <li>I used the IRS Data Retrieval Tool on the FAFSA to transfer 2021 Federal Tax Information</li> <li>I was unable or chose not to use IRS DRT on the FAFSA-<u>Attach a signed copy of your 2021 Tax Return Transcript</u></li> <li>I did not and was not required to file a 2021 Tax Return</li> <li>I did not earn income from work in 2021.</li> <li>I earned income from work in 2021-<u>Attach copies of your 2021 W-2 Forms.</u></li> </ul> </li> </ul>								
NOTE: *If your parents filed separate returns, you must provide the <b>IRS Tax Return Transcript</b> for each of their returns, found at IRS.gov. **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.									
SECTION V- FEDERAL BENEFITS This section does not apply to me.									
Someone in my parent's household received the following Federal Benefits in 2021 or 2022. <u><i>check all that apply:</i></u> <b>FOOD STAMPS (SNAP):</b> <i>If yes, indicate which year(s) benefits were received:</i> <b>2021 2022</b> SSI or Medicaid Free/Reduced School Lunch Temp. Assistance for Needy Families (TANF)									
SECTION VI- CHILD SUPPORT       This section does not apply to me.         ▶ My parent(s) □ paid or □ received child support in 2021.									
Check one or both if applicable									
FOR PAID CHILD SUPPORT COMPLETE THE FOLLOWI Name of person who paid child support:	NG AND <b>SUBMIT</b>	PROOF OF PAY	MENT (Exp. a	ttach Friend of the	e Court Statement):				
To whom the child support was paid to:									
Name(s)/age(s) of child(ren) for whom it	Name:	Age: Na		ime:	Age:				
was paid:	Name:	Age	e: Na	ime:	Age:				
Total amount of child support paid in 2021:	\$								
FOR RECEIVED CHILD SUPPORT COMPLETE THE FOR	LLOWING:								
Name(s) of child(ren) for whom support was									
received:									
Total amount of child support received in 2021	: \$								
<b>SECTION VII- CERTIFICATION</b> By signing this form, I certify that all of the above information is complete and correct.									
		<u>ortant</u> lete forms	Return to:	Lake Superior Sta FINANCIAL AID O 650 W Easterday	FFICE				
Student Date		NOT BE Sault Ste Marie, MI 49783 Phone: 906-635-2678 Fax: 906-635-6669 finaid@lssu.edu		ЛІ 49783 2678					
Parent (one parent must sign) Date			L						
Be sure to check your LSSU email and my.LSSU/Anchor Access on a regular basis for updates!									