

### 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.

			<b>A</b> _____
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, 2023 through June 30, 2024. 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 2023 -June 2024)</small>
		<b>Self</b>	<b>LSSU</b>

**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: \_\_\_\_\_

VERCI - V2

### 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 2021 Tax return
  - I used the IRS Data Retrieval Tool on the FAFSA to transfer 2021 Federal Tax Information
  - I was unable or chose not to use IRS DRT on the FAFSA-**Attach** a signed copy of your **2021 Tax Return Transcript**
- I (we) did not and was not required to file a 2021 Tax Return
  - I (we) earned income from work in 2021-**Attach** copies of you and your spouse's **2021 W-2 Forms.**
  - I (we) did not earn income from work in 2021-**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](http://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 2021 and/or 2022. *Check all that apply*

- FOOD STAMPS (SNAP):** *If yes, indicate which year(s) benefits were received:*  2021  2022
- 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 2021.  
*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 2021:				

**FOR RECEIVED** CHILD SUPPORT COMPLETE THE FOLLOWING:

Name(s) of child(ren) for whom is was received:	
Total amount of child support received for 2021:	

### 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](mailto:finaid@lssu.edu)

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