

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.

			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

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, 2026 through June 30, 2027. 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 <small>(if enrolled at least ½ time between July 2026 -June 2027)</small>
		Self	LSSU
		Parent	
		Parent/Stepparent	

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

For Internal use ONLY:

Reviewed: _____

Scanned: _____

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SECTION III – PARENT TAX INFORMATION

- I filed a 2024 Tax return
- I used the Direct Data Exchange Tool on the FAFSA to transfer 2024 Federal Tax Information
 - I chose not to use DDE on the FAFSA- **Attach a signed copy of your 2024 Tax Return**
- I did not and was not required to file a 2024 Tax Return
- I did not earn income from work in 2024 I
 - earned income from work in 2024-**Attach copies of your 2024 W-2 Forms.**

SECTION IV – STUDENT TAX INFORMATION

- I filed a 2024 Tax return
 - I used the Direct Data Exchange Tool on the FAFSA to transfer 2024 Federal Tax Information
 - I chose not to use DDE on the FAFSA- **Attach a signed copy of your 2024 Tax Return**
- I did not and was not required to file a 2024 Tax Return
 - I did not earn income from work in 2024.
 - I earned income from work in 2024-**Attach copies of your 2023 W-2 Forms.**

NOTE:
 *If your parents filed separate returns, you must provide the **IRS Tax Return** 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 2024 or 2025. **Check all that apply:**

- FOOD STAMPS (SNAP):** *If yes, indicate which year(s) benefits were received:* 2024 2025
- SSI or Medicaid
- Free/Reduced School Lunch
- Temp. Assistance for Needy Families (TANF)
- WIC

SECTION VI-CHILD SUPPORT

This section does not apply to me

▶ My parent(s) **received** child support in 2024.

RECEIVED CHILD SUPPORT COMPLETE THE FOLLOWING:

Name(s) of child(ren) for whom support was received:	
Total amount of child support received in 2024:	\$

SECTION VII– 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.

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

 Student Date

 Parent (one parent must sign) Date

Be sure to check your LSSU email and my.LSSU/Anchor Access on a regular basis for updates! Please allow for up to 10 business days for processing and evaluation. Forms completed without the proper requested documentation may be delayed.