2019-2020 Verification Worksheet Independent Student (V1)

D	ATE:]	RETURN BY	Y:
Ed FA inf by Aid Of	ucation regulations state that bef AFSA. To verify that you provide formation on this worksheet any of the Financial Aid Office. You m d Office. After review, we may a	ore awarding Federal Student A d correct information, the Finan other required documents. If the sust complete and sign this work sk for additional information. If ampus so that your financial aid	id, we must ask you the cial Aid Office at WI are are differences, you asheet, attach any requirements you have questions a	process called verification. U.S. Department of o confirm the information you reported on your PHSON will compare your FAFSA with the ur FAFSA information may need to be corrected aired documents, and submit them to the Financial about verification, please contact the Financial Aid You may attach additional pages as necessary to
	Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
	Student's Email Address			
	Student's Home Phone Num	ber (include area code)		Student's Alternate or Cell Phone Number

B. Independent Student's Family Information

List the people in your <u>household</u>. Include:

- Yourself.
- Your spouse, if you are married.
- Your children if any, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, or if the children would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2019, and June 30, 2020. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	Central University	Yes
		Self	WPHSON	

Student's Name:	SSN:	
C. Independent Student's Income Information to Be	Verified	
1. TAX RETURN FILERS— Important Note: If the student contact the financial aid administrator before completing t		017 IRS tax return, the student must
Instructions : Complete this section if the student, <u>filed or</u> verify income is by using the IRS Data Retrieval Tool (DF used the DRT tool, go to <u>FAFSA.ed.gov</u> , log in to the student navigate to the financial information section of the form. Feligible to use the IRS DRT to transfer the 2017 IRS incominformation about when, or how to use the IRS DRT contains	RT) that is part of FAFSA on the lent's FAFSA record, select "Marom there, follow the instruction ne tax information into the stude	Web. If the student has not already ke FAFSA Corrections," and as to determine if the student is nt's FAFSA. If you need more
Check the box that applies:		
The student <u>has used</u> the IRS Data Retrieval Tool in F information into the student's FAFSA, either on the in		
The student <u>has not yet used</u> the IRS Data Retrieval T transfer 2017 IRS income information into the student the IRS information has been transferred into the FAF	t's FAFSA. WPHSON cannot co	
The student is <u>unable or chooses not to use</u> the IRS Do to the school a 2017 IRS tax return transcript —not		
To obtain an IRS tax return transcript, go to www.your transcripts either via online or by mail. The be mailed. Make sure to request the "IRS tax return transcripts">IRS tax return transcripts Student will need their social security number 	student may also call 1-800-908 anscript" and not the "IRS tax a	-9946 to request their transcripts to ccount transcript."
Check here if the student's IRS tax return t		
Check here if the student's IRS tax return t cannot be completed until the IRS tax return	ranscript will be submitted to the	e student's school later. Verification
Check the box that applies:		
☐ The student and spouse were not employed and had	no income earned from work	in 2017.
The student and/or spouse were employed in 2017 a earned from each employer in 2017, and whether a [Provide copies of all 2017 IRS W-2 forms issued to employer even if the employer did not issue an IRS If more space is needed, provide a separate page with	an IRS W-2 form or an equiva o the student and spouse by to W-2 form.	lent document is provided. heir employers]. List every
Employer's Name	IRS W-2 or an Equivalent	Annual Amount
(Example) ABC's Auto Body Shop	Document Provided? Yes	Earned in 2017 \$4,500.00
Total Amount of Income I	Earned From Work	\$
Provide documentation from the IRS or other relevant tax income tax return was not filed with the IRS or other relevant.		per 1, 2017 that indicates a 2017 IRS
Check here if confirmation of non-filing is provided.Check here if confirmation of non-filing will be provided.		

Certification and Signatures	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be
Each person signing this worksheet certifies that all of the	
information reported is complete and correct.	
The student must sign this worksheet. If married, the spou	use must also sign this worksheet.
The student must sign this worksheet. If married, the spot Student's Signature	use must also sign this worksheet. Date

SSN:

Student's Name:

Do not mail this worksheet to the U.S. Department of Education.

Submit this worksheet to

West Penn Hospital School of Nursing

Financial Aid Office

You should make a copy of this worksheet for your records.