

2020-21 Verification Worksheet - Dependent Student

Your financial aid application was selected for review in a process called "verification." In this process, the Office of Financial Aid will be comparing the information provided on this form and on your 2018 IRS Tax Transcript with the information reported on your FAFSA. Your IRS Tax Transcript is not required if you used the IRS Data Retrieval Tool (DRT) on the FAFSA and did not change the information you transferred.

Submit this completed worksheet and any other requested documents ASAP to avoid a delay in disbursement of your financial aid. You may transfer your 2018 tax information directly from the IRS to your FAFSA at www.fafsa.gov (using the DRT) or you will be required to submit an IRS Tax Return Transcript (or a signed copy of your tax return). We highly encourage utilizing the DRT as it is the fastest, easiest, and most secure method of meeting verification requirements. Refer to section C for more information.

| A. Student Info | rmation | | | | |
|-----------------|------------|------|------------------------|---------------|--|
| | | | XXX-XX- | | |
| Last Name | First Name | M.I. | Social Security Number | Date of Birth | |
| Street Address | | City | State | Zip Code | |
| Email Address | | | Phone Number | | |

B. Family Information (Use extra page if necessary to list family members)

<u>List all the people in the parent household</u> who will be supported by your parent(s) between July 1, 2020 and June 30, 2021. Be certain to include:

- Your parent(s) (include step parent) and yourself (even if you do not live with your parents).
- Your parent's other children (if they will receive more than half their support from your parent(s) or are considered dependent students when they apply for federal financial aid). Don't include children for whom child support is paid, nor foster children.
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to do so between July 1, 2020 and June 30, 2021.

| Relationship to Student | Name | Age | College Attending 2020-21 (at least half-time) |
|-------------------------|------|-----|--|
| You (self) | | | Louisburg College |
| Parent 1 | | | |
| Parent 2(if applicable) | | | |
| Siblings/Others | | | |
| | | | |
| | | | |
| | | | |

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| C. | Tax Filing Status |
|----|-------------------|
| | Please do not si |

| Please do not submit this Verification Worksheet until one of the following has been completed and <u>do not</u> leave section blank: |
|---|
| |

| Student: | Parent(s): | <i>I have</i> used the IRS Data Retrieval Tool on www.fafsa.gov and did not change the transferred data. |
|----------|------------|--|
| | | <i>I have</i> attached a signed copy of my 2018 federal tax return. *You can also obtain an IRS Tax Transcript at http://www.irs.gov/Individuals/Get-Transcript or call the IRS at 1-800-908-9946. |
| | | I have not and am not required to file a 2018 federal tax return. *Please attach a Verification of Nonfiling Letter from the IRS (this can be obtained from the IRS website above and is only required from the parent if they did not file – not the student). |
| - | | e a 2018 federal income tax return, list below your employer(s) and any income received in y W-2(s) received by your employer. |

*** If any item does not apply, enter "N/A" for Not Applicable where a <u>response</u> is requested, or enter 0 in an area where an <u>amount</u> is requested.

| STUDENT Employer's Name or Source of Income | Amount earned in 2018 |
|---|--------------------------|
| | \$ |
| | \$ |
| | Ś |

| PARENT | Amount |
|-------------------------------------|----------------|
| Employer's Name or Source of Income | earned in 2018 |
| | \$ |
| | \$ |
| | \$ |

D. Sign This Worksheet

I certify that all information reported to qualify for federal student aid is complete and correct. I understand that if I purposely give false or misleading information on this worksheet, I may be fined, sentenced to jail or both.

| Student Signature | Date | |
|-------------------|------|--|
| | | |
| Parent Signature | Date | |

** BEFORE SUBMITTING, BE SURE THIS FORM IS COMPLETELY FILLED OUT AND YOU HAVE LEFT NOTHING BLANK! THANK YOU**

Please submit this completed, signed form and required documents to finaid@louisburg.edu. If you have questions regarding this form, please contact the Office of Financial Aid by email or phone at 919-497-3212.