



Name \_\_\_\_\_

Empl ID \_\_\_\_\_

Date \_\_\_\_\_

**2019-2020 VERIFICATION WORKSHEET - DEPENDENT**

Your application was selected for review in a process called “Verification.” In this process, the school will be comparing information from your Free Application for Federal Student Aid (FAFSA) with information from the finalized 2017 tax data, W-2 forms, and/or other financial documents. If there are differences between your FAFSA and your financial documents, the school will send corrections electronically, to have your information reprocessed.

You are required by law to provide all necessary documents to complete Verification. Failure to comply will result in a non-disbursement of any potential grant funding.

**A. STUDENT INFORMATION**

Address (include apt. no.) \_\_\_\_\_

Date of Birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number (include area code) \_\_\_\_\_

**B. FAMILY/HOUSEHOLD INFORMATION**

**a. Your Parent(s):**

- Parent information should match parent information provided on FAFSA application.
- If not married, or not living together, list which parent provides most of your care.
- If divorced and remarried, list your primary parent as well as step-parent.

<i>Full Name</i>	<i>Age</i>	<i>Relationship to Student</i>
		Parent 1: (father, mother, stepparent)
		Parent 2: (father, mother, stepparent)

List the people that your parent(s)/stepparent will support between July 1, 2019 and June 30, 2020:

**b. Sibling(s):**

- Dependent children under the age of 24 (if your parent(s) provide more than half support, or if they would be required to give parental information when applying for Federal student aid.)
- Also write in the name of the *COLLEGE* for any siblings (excluding dual enrolled sibling(s)) who will be attending COLLEGE at least half-time between July 1, 2019 and June 30, 2020 and will be enrolled in a degree or certificate program.

<i>Full Name</i>	<i>Age</i>	<i>Relationship to Student</i>	<i>College</i>

**c. Other Member(s) (Include other people as part of your family only if):**

- They lived with your parent(s) and received more than half their support from your parent(s) at the time you completed your student aid application.
- They will continue to get more than half their support from July 1, 2018 through June 30, 2019.

*Please provide supporting documentation and notarized personal statement for other household members*

<i>Full Name</i>	<i>Age</i>	<i>Relationship to Student</i>	<i>Claimed on Parent's 2017 Taxes?</i>	<i>College</i>

**C. STUDENT & PARENTS TAX FORMS AND INCOME INFORMATION****DEPENDENT****Please read carefully** and follow the instructions below:

2017 Federal Tax filing status:

Parent(s):            Already Filed or Will File            Not Required to FileStudent:              Already Filed or Will File            Not Required to File**Federal Tax Filers:**Update your FAFSA tax information using the IRS Data Retrieval Tool in the FAFSA correction process. Florida State University will receive your updated tax information. Please ensure your FAFSA is **submitted (not saved)**.If you choose not to use the IRS Data Retrieval Tool, or if you do not meet the criteria to use the IRS Data Retrieval Tool, you will need to request a 2017 **Tax Return Transcript** from the IRS and submit it to the Office of Financial Aid.**Non-Filers:**If you are not required to file, but earned income in 2017, complete a non-filer statement and attach your W2(s). "2019-2020 Non-Filer Statements" can be located at <http://financialaid.fsu.edu/forms>.**D. UNTAXED INCOME - Complete this section for both student and parent amounts. If not applicable put in Zero (0).**

2017	Parent	Student
Tax-deferred pension/savings (paid directly to or withheld from earnings, such as 401k and 403b plan): W2, <b>BOX 12 a-d</b> <b>CODE: D,E,F,G,H,S:</b> (when looking at the W2, only include codes listed above)	\$ _____ (Annually)	\$ _____ (Annually)
Housing, Food, Other living allowances for military/clergy:	\$ _____ (Annually)	\$ _____ (Annually)
Veteran's Non-educational benefits (disability, Death Pension, DIC):	\$ _____ (Annually)	\$ _____ (Annually)
Other Untaxed Income Not Reported (Worker's comp, disability, etc.):	\$ _____ (Annually)	\$ _____ (Annually)
Money received or paid on your behalf not reported elsewhere (paid by other than custodial parent):	\$ <b>N/A</b> (Annually)	\$ _____ (Annually)

**E. SIGN THIS WORKSHEET****By signing this worksheet, we certify that all the information reported to qualify for Federal student aid is complete and correct. We also acknowledge that verification may result in a change in my current award package. At least one parent must sign.**\_\_\_\_\_  
Student Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Parent Signature\_\_\_\_\_  
DateFlorida State University's Use of Social Security Number policy is available at [http://registrar.fsu.edu/bulletin/undergraduate/information/university\\_notices/](http://registrar.fsu.edu/bulletin/undergraduate/information/university_notices/)

282 Champions Way P.O. Box 3062430 University Center A4400 Tallahassee, FL 32306

Phone: 850-644-0539 Fax: 850-644-6404 Email: [OFACS@fsu.edu](mailto:OFACS@fsu.edu)[www.financialaid.fsu.edu](http://www.financialaid.fsu.edu)

Revised 11/30/2017

Verification Group(s):

V1, V5, V6

FAVWD/ FAVFDE