



Name _____

Empl ID _____

Date _____

2019-2020 VERIFICATION WORKSHEET - INDEPENDENT

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 Spouse:

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

List the people that you will support between July 1, 2019 and June 30, 2020:

b. Dependents:

- Dependent children under the age of 24 (if you provide more than half support or if you would be required to give parental information when applying for Federal student aid.)
- Also write in the name of the *COLLEGE* for any dependents (*excluding your dual enrolled students*) 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</i>	<i>College</i>

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

- They lived with you and received more than half their support from you at the time you completed your student aid application.
 - They will continue to get more than half their support from July 1, 2019 through June 30, 2020.
- * Please provide supporting documentation or notarized personal statement

<i>Full Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Claimed on Student 2017 Taxes?</i>	<i>College</i>

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

2017 Federal Tax filing status:

Student: Already Filed or Will File Not Required to FileSpouse: 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 did not file taxes and were not required to file taxes in 2017 complete a non-filer statement. If you earned income attach your W2(s) or proof of income for 2017. "2019-2020 Non-Filer Statements" are located at <http://financialaid.fsu.edu/forms>.**D. UNTAXED INCOME - Complete this section for both student and spouse amounts. If not applicable put in Zero (0).**

2017	Student	Spouse
Tax-deferred pension/savings (paid directly to or withheld from earnings, such as 401k and 403b plan): W2, BOX 12 a-d CODE: D,E,F,G,H,S: (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):	\$ _____ (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.**_____
Student Signature_____
Date_____
Spouse Signature_____
DateFlorida State University's Use of Social Security Number policy is available at 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.eduwww.financialaid.fsu.edu

Revised 11/2/2017

Verification Group(s):
V1, V5, V6
FAVWI/ FAVFIE