STUDENT NAME: _________________________________________ ID #: ________________________

TO BE COMPLETED BY THE PARENT(S) OF THE DEPENDENT STUDENT LISTED ABOVE.
The Department of Education is requiring that you answer the following questions for the verification process.

1. Child support received for any of your children in 2019 $_____________________ (Do not include foster care or adoption payments)

2. Veterans non-educational benefits received in 2019 $_____________________ (Such as Disability, Death Pension, Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.)

3. Other untaxed income such as worker’s compensation, etc. received in 2019 $_____________________ (Do not include SSI, untaxed Social Security, student financial aid or foster care payments)

4. Taxable Grant/Scholarship Aid received in 2019 $_____________________. You indicated on your FAFSA that your adjusted gross income on your tax return included grant and/or scholarship aid. Please provide a signed copy of your 2019 federal 1040 and all 2019 W2(s).

5. Need based aid (work study) earned in 2019 $_____________________. Please provide documentation, such as 2019 W2(s).

By signing this form, I certify that all of the above information is complete and correct. Parent must sign this form in ink. **Electronic or typed signatures are NOT acceptable.**

________________________________________________
Parent Signature    Date