STUDENT NAME: ___________________________________________ ID #: ______________________

TO BE COMPLETED BY THE STUDENT (and SPOUSE if applicable) 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 2020 $________________________ (Do not include foster care or adoption payments)

2. Veterans non-educational benefits received in 2020 $____________________________ (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 2020 $__________________(Do not include SSI, untaxed Social Security, student financial aid or foster care payments)

4. Taxable Grant/Scholarship Aid received in 2020 $________________________. You indicated on your FAFSA that your adjusted gross income on your tax return included grant and/or scholarship aid. If the amount you list is other than zero, please provide a signed copy of your 2020 federal 1040 and all 2020 W2(s).

5. Need based aid (work study) earned in 2020 $________________________. Please provide documentation, such as 2020 W2(s).

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

__________________________________________________________
Student Signature Date