

2020-2021 Verification Worksheet - Group V5

Independent Students

Your 2020-2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The federal law states that before awarding Federal Student Aid, we must ask you to confirm the information you (and your spouse, if applicable) reported on your FAFSA. To do this, we will compare your FAFSA with the information on this institutional verification document and any supporting documents. If there are differences, your FAFSA information may need to be corrected and/or we may ask for you to submit additional documentation. **You (and your spouse, if applicable) must complete and sign this institutional verification document, attach any required documents and submit the form to us within fourteen business days.** If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

SECTION A – Student Information

Please type or print legibly using black or dark blue pen.

Fontbonne ID Number	Last Name	First Name	Middle Initial
Street		City	State Zip
Main Phone () -	Other Phone () -	Date of Birth ____/____/____	

SECTION B – Family Information

List below the people in your household. If more space is needed, attach a separate page with your name and Fontbonne ID at the top. Include:

- Yourself (and your spouse, if applicable).
- Your children, if you will provide more than half of their support from July 1, 2020 through June 30, 2021.
- Other people if they now live with you (and your spouse, if applicable) and from whom you will provide more than half of their support from July 1, 2020 through June 30, 2021.

Also include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020 and June 30, 2021.

Full Name	Age	Relationship	College Attending	Enrolled at Least Half-Time Y / N?
		<i>Self</i>	<i>Fontbonne University</i>	

STUDENT SERVICES CENTER

Student Name _____

Fontbonne ID: _____

SECTION C – Income Information
STUDENT AND SPOUSE TAX FILING VERIFICATION
(ONLY COMPLETE IF YOU AND/OR YOUR SPOUSE FILED 2018 TAXES)

Verification requires the collection of official 2018 IRS tax data for both you and your spouse (if applicable). You can verify this tax information by completing ONE of the following options:

- Link to the IRS using the IRS Data Retrieval Tool (DRT) via your FAFSA Application. To do this, visit www.fafsa.ed.gov to login to your FAFSA application and select “make corrections.” The IRS DRT is located in the financial section of the student portion of the FAFSA.
- Provide a 2018 **Tax Return Transcript** (this is NOT the same as a photocopy of your IRS Form 1040, 1040A, or 1040EZ). Only official IRS Tax Return Transcripts, issued directly from the IRS, are acceptable. Transcripts may be requested at www.irs.gov/Individuals/Get-Transcript or by calling 1-800-908-9946.

STUDENT AND SPOUSE NON-FILING TAX VERIFICATION
(ONLY COMPLETE IF YOU AND/OR YOUR SPOUSE DID NOT FILE TAXES IN 2018)

Read the statements below and check the appropriate responses. **If you or your spouse was employed in 2018 but did not file taxes, copies of 2018 W-2 Forms from all employers are REQUIRED.**

STUDENT NON-FILER VERIFICATION
SPOUSE NON-FILER VERIFICATION
 I was not employed and had no income earned from work in 2018.

 My spouse were not employed and had no income earned from work in 2018.

 I was employed in 2018 but am not required to file (and did not file) taxes for 2018. Below are the names of all employers and the amount earned from each employer in 2018. [Attach IRS W-2 form(s)]

 My spouse was employed in 2018 but are not required to file (and did not file) taxes for 2018. Below are the names of all their employers and the amount earned from each employer in 2018. [Attach IRS W-2 form(s)]

Employer
Income Earned
Employer
Income Earned
SECTION D – Child Support Paid

Did you or a member of your spouse pay child support in 2018 for a child not included in your household? (Check appropriate Box)

 Yes (If yes, please complete the chart below)

 No (If No, please skip to section E)

Please indicate below, the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2018 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2018

STUDENT SERVICES CENTER

Student Name _____

Fontbonne ID: _____

SECTION E – SNAP Benefits Received

Did you or your spouse receive Supplemental Nutrition Assistance Program benefits (Food Stamps) in 2018 or 2019? (Check appropriate Box)

 Yes

 Name of Recipient(s)

 No

SECTION F – High School Completion

You must provide one of the following documents that indicate your (the student's) high school completion status as of when you begin college in 2020-2021.

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a homeschooled student from a state where state law requires the student to obtain a secondary school completion credential (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a homeschooled student from a state where state law does not require the student to obtain a secondary school completion credential (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian. This transcript must list the secondary school courses the student completed and include a statement that the student successfully completed a secondary school education in a homeschool setting.

SECTION G – Identity & Statement of Educational Purpose

The student must appear in person at Fontbonne University's Student Services Center to verify his or her identity by presenting a valid government-issued photo identification (ID), such as but not limited to, a driver's license, other state-issued ID or a U.S. passport. Fontbonne University will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of a staff member from Fontbonne University's Student Services Center, the following English or Spanish Statement (see next page):

STUDENT SERVICES CENTER

Student Name _____ Fontbonne ID: _____

Statement of Educational Purpose **(English)**

I certify that I _____ am the individual signing this *Statement of Education Purpose* and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Fontbonne University** for 2020-2021.

(Student's Signature) (Date)

Declaración de Propósito Educativo **(Español)**

Certifico que yo, _____, soy el individuo que firma esta Declaración de *Finalidad Educativa* y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a **Universidad Fontbonne** para 2020-2021.

[Firma del Estudiante] [la Fecha]

Initials of staff member witnessing signature _____ Date _____

SECTION H – Signatures

Certification and Signatures: Each person signing this form certifies all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature	Date
Spouse's Signature (Optional)	Date

Submit this worksheet to Fontbonne University at the address indicated at the bottom of the page.

FOR STAFF USE ONLY:

Please indicate below how Verification was completed:

STUDENT VERIFICATION:

<input type="checkbox"/> IRS DRT Used	<input type="checkbox"/> Tax Transcript Provided
<input type="checkbox"/> W2(s) Provided	<input type="checkbox"/> W2(s) Not Required

Student Services Representative Date

STUDENT SERVICES CENTER