



2019-2020 Verification Worksheet (Independent Student) Verification Tracking Group V1



Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal regulations require that before awarding federal student aid, we ask you to confirm the information you reported on your FAFSA to verify that you provided correct information. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school.

SECTION 1 INCOME VERIFICATION

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
1a.	<input type="checkbox"/>	1b.	<input type="checkbox"/>

1a. Did you file, or were you required to file a U.S. Income Tax Return for 2017?

1b. If married, did your spouse file, or was your spouse required to file, a U.S. Income Tax Return for 2017?

If you (and/or your spouse) filed, **or were required to file**, a U.S. Income Tax Return for 2017, to satisfy this requirement please use the IRS Data Retrieval process to electronically import your tax information into your FAFSA record. This can be done at www.fafsa.ed.gov. If you cannot use this option, you must provide the institution with an **IRS Tax Return Transcript** available either online at www.irs.gov or by calling 1-800-908-9946. Other forms of income verification may be acceptable based on existing USDE rules. See a financial aid advisor at the school for more guidance.

If you (and/or your spouse) did not file, **and were not required to file**, a U.S. Income Tax Return for 2017, you must list the source and amount of income earned during 2017 below, **provide copies** of W-2s or explain why W-2s are not available, and you must submit a "Verification of Non-Filing" letter from the IRS. This letter can be obtained by filing IRS form 4506-T and checking box #7.

IF YOU OR YOUR SPOUSE, IF MARRIED, DID NOT WORK IN 2017 AND HAD NO EARNED INCOME IN 2017, PLEASE WRITE "DID NOT WORK" IN THE EMPLOYER COLUMN AND WRITE "\$0" OR "ZERO" IN THE APPLICABLE AMOUNT EARNED COLUMN.

Employer's Name	2017 Amount Earned by Student	2017 Amount Earned by Spouse	You must include your IRS W2 or 1099. Explain here if it is not provided.

SECTION 2 FAMILY SIZE VERIFICATION

List the people in your family that will receive more than half of their support from you (and/or your spouse) from 7/1/19 through 6/30/20. Include yourself (and your spouse, if married). Also provide the name of any college/university/vocational school that a person in your family will attend on at least a half time basis during 7/1/19 – 6/30/20. The first line should represent the student for whom this form is being completed, and whose signature will appear in the Certification at the bottom of this page.

Full Name	Age	Relationship	College at Which Enrolled at Least Half Time
		SELF / STUDENT	Capital Area School of Practical Nursing

CERTIFICATION & SIGNATURE

Each person signing below certifies that all of the information reported on this worksheet is complete and correct.

Student's Signature		/ /	Date
Spouse's Signature (optional)		/ /	Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.