



# 2019–2020 Verification Worksheet (D)

Office of Financial Aid, 60 South Lincoln Street, Washington, PA 15301

**p:** 724-223-6019 or 1-888-926-3529, **f:** 724-250-3340, **e:** [finaid@washjeff.edu](mailto:finaid@washjeff.edu)

## General Form Instructions

Your FAFSA application was selected for review through a process called verification. Please complete this form in its entirety and sign where indicated. **Where a dollar amount is requested and your response is not applicable, enter '\$0'**. Return this form to the Office of Financial Aid at Washington & Jefferson College. A financial aid representative will review the information and make any necessary corrections to your FAFSA application.

## Student Information

Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Phone number (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Citizenship  U.S. Citizen  Eligible Non-Citizen  Neither Birth Date: \_\_\_\_\_

Student's Marital Status  Never Married  Married/Remarried  Separated  Divorced

## Family Information

List below the people that live in your parents' house including:

- Yourself
- Your parents
- Your parents' other children if (a) your parents will provide more than half of their financial support between July 1, 2019 and June 30, 2020, or (b) the children could answer "No" to every question in the dependency status section of the FAFSA
- Other people if they now live with your parents, your parents provide more than half of their financial support and your parents will continue to provide more than half of their support between July 1, 2019 and June 30, 2020
- List the college(s) that family members (excluding parents) will attend at least part-time in 2019-2020

| Full Name | Age | Relationship to Student | Postsecondary School | Grade Level* | Course Load** | School Cost | Total Aid |
|-----------|-----|-------------------------|----------------------|--------------|---------------|-------------|-----------|
|           |     | Self                    | W&J College          |              |               | N/a         | N/a       |
|           |     |                         |                      |              |               |             |           |
|           |     |                         |                      |              |               |             |           |
|           |     |                         |                      |              |               |             |           |
|           |     |                         |                      |              |               |             |           |

\*Grade Level Codes: 0. 1st yr/never attended 2. 2nd yr/sophomore 4. 4th yr/senior 6. 1st yr grad/prof  
 P. Pre-College 1. 1st yr/attended college 3. 3rd yr/junior 5. 5th yr/other undergrad 7. continuing grad/prof  
 \*\* Course Load Codes: F. full-time P. part-time

## Student Tax Information

- Check here if you did not earn income from work in 2017.  
 Check here if you did work but did not file a federal income tax return for 2017.

Indicate all sources of income below and attach W2s.

Employer: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Employer: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Sources of untaxed income:

Social Security (only list payments received in your name) \$ \_\_\_\_\_  
 Child Support (for student's children) \$ \_\_\_\_\_  
 Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form \$ \_\_\_\_\_  
 (This includes money that you received from a parent whose financial information is not reported on the FAFSA and that is not part of a legal child support agreement.)  
 Other sources of untaxed income \_\_\_\_\_ \$ \_\_\_\_\_  
 Describe

If any portion of your 2017 Adjusted Gross Income (AGI) was taxable financial aid or was earned under the federal work study program in 2017, please indicate that amount here: \$ \_\_\_\_\_

## Custodial Parent Tax Information

- \*Check here if your parent(s) did not earn income from work in 2017.  
 \*Check here if your parent(s) did work but did not file a federal income tax return for 2017.

*\*Send Form 4506-T to the IRS to have verification of non-filing status sent to you. The form is available on the Office of Financial Aid's website, [www.washjeff.edu/financialaid](http://www.washjeff.edu/financialaid). Please then forward a copy of the response letter to our office.*

Indicate all sources of income below and attach W2s.

Employer \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Employer \_\_\_\_\_ Amount \$ \_\_\_\_\_

Untaxed income—please indicate total amounts received in 2017 from the following

sources: Child support received (for all children) \$ \_\_\_\_\_  
 Workers' compensation or disability \$ \_\_\_\_\_  
 Social security benefits\*\* \$ \_\_\_\_\_

*\*\*Attach a letter or form SSA-1099 from the Social Security Administration that shows the amount of social security benefits you received for yourself and members of your family in 2017.*

Earned Income Credit \$ \_\_\_\_\_  
 Additional Child Tax Credit \$ \_\_\_\_\_  
 Welfare (including TANF, but excluding food stamps) \$ \_\_\_\_\_  
 Other sources of untaxed income \_\_\_\_\_ \$ \_\_\_\_\_  
 Describe

Custodial Parents' marital status:  Never Married  Married/Remarried  Unmarried but both parents live together  
 Separated  Divorced  Widowed

Month and year they were married, separated, divorced, or widowed: \_\_\_\_ / \_\_\_\_

Did either of your parents that you live with pay child support in 2017? Yes  No

| Name of person who paid child support | Name of child for Whom support was paid | Name of the person Who received support | Annual amount of child support paid in 2017 |
|---------------------------------------|---|---|---|
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |
|                                       |   |   |   |

Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

## **Custodial Parent Tax Information** *(Continued)*

Was any of your parent(s)' AGI from self-employment (line 12 or 17 of IRS 1040)?  Yes  No

Parent who is self-employed: \_\_\_\_\_ Business Name: \_\_\_\_\_ Type: \_\_\_\_\_

Description of principal product/service: \_\_\_\_\_

Percentage ownership: \_\_\_\_\_ Business value: \$ \_\_\_\_\_ Business debt: \$ \_\_\_\_\_

Does the business have more than 100 full time employees?  Yes  No

If you are reporting an amount of debt that exceeds the value of the asset OR a zero-valued business, please explain.

\_\_\_\_\_  
\_\_\_\_\_

*\*If there are multiple businesses, please provide this same information on a separate paper.*

## **Noncustodial Parent Information**

**Instructions:** *Skip this section if both of your biological (or adoptive) parents are listed in the family chart on page 1.*

Month and year of your parents' separation: \_\_\_\_\_ Divorce: \_\_\_\_\_

Other parent's name: \_\_\_\_\_ Is this parent deceased?  Yes No

Last

First

Address: \_\_\_\_\_  
Street City State Zip

If address is unknown, last date of contact: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Is this parent remarried?  Yes  No

List his/her annual child support for you \$ \_\_\_\_\_ When does this cease? \_\_\_\_\_

How much does he/she plan to contribute towards your educational costs for 2019–2020? \$ \_\_\_\_\_

## **Certification**

By signing this supplement, we certify that all the information reported to qualify for federal student aid is complete and correct. The student and at least one parent must sign.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent Signature Date

**Comments:**

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