

Office of Financial Aid

60 South Lincoln Street Washington, PA 15301

P: 724-223-6019 or 1-888-926-3529 F: 724-250-3340

F: 724-250-3340 E: finaid@washjeff.edu

2022-2023 Verification Worksheet

General Form Instructions

Your FAFSA 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.

Name:	Student ID:						
<u></u>	Last	First	Middle	Student ib	· <u>-</u>		
Address:							
	Street		City	Stat	e	Zip Code	
Phone:		Cell:		Email:			
Citizenship: [□U.S. Citizen □Eligi	ble Non-citizen □N	either	Date of Birth: _			
Student mari status:	ital □Never	married □Married/	Remarried	□Separated □Divor	ced		
required to List yo includir parent List the	ng stepparents, even if y (s)	ion on the FAFSA) your parent(s)' househol ou don't live with your nembers (excluding parer	answer d, section •	ependent (students are cored "yes" to a least one que nof the FAFSA) List yourself, and your sp considered married and c	stion in the douse if you a	ependency stat	
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W&J College does not discriminate in its educational programs, activities, or employment on the basis of race, religion, sex, sexual orientation, age, disability, national origin, or any other nationally protected legal status in accordance with applicable state and federal laws. In addition, W&J complies with applicable state and federal laws governing nondiscrimination in employment. Inquiries may be directed to the Ethics and Compliance Officer, Washington & Jefferson College 60 South Lincoln Street Washington, PA 15301 724-503-1001- ext. 3012.

^{*}Grade level Codes:

O. 1st year never attended college 1. 1st year attended college

^{2. 2&}lt;sup>nd</sup> year / sophomore 3. 3rd year / junior

^{4. 4&}lt;sup>th</sup> year / senior 5. 5th year / other undergrad

^{6. 1}st year graduate / professional 7. continuing graduate / professional

^{**} Course Load Codes

F. Full-time (12 credits or more) P. Part-time (11 credits or less)

Name:			Student ID:						
Student Tax Information (include spouse tax information	n if married)							
☐The IRS da	20 Federal Income Tax Return IRS data retrieval option at www. ta retrieval option was not availal S.gov) or a signed copy of 2020 t	ole and I will provide a copy of a	a 2020 IRS tax return nying schedules and W-2						
☐ I/we did not, will not, and are no Verification of non-filing status mu		ice (IRS.gov) - <mark>Independent stud</mark>	dents only						
Sources of untaxed income	ages from work and have provided	u copies of fifty w-2 forms							
Child Support Money receiv form	ty Benefits (only list payments red t received (for student's children) red or paid on your behalf not repo	\$							
Other source	s of untaxed income Describe	\$ <u>-</u>							
If any portion of your 2020 AGI was taxable financial aid or was earned under the federal work-study program in 2020, please indicate that amount here: \$									
Custodial Parent Tax Info	r <mark>mation</mark> (Dependent Student:	s only)							
\Box I /we have filed or will file a 202	O Federal Income Tax Return								
	IRS data retrieval option at								
www.fafsa.ed □The IRS da		ole and I will provide a copy of a	a 2020 IRS tax return						
transcript (IR	☐The IRS data retrieval option was not available and I will provide a copy of a 2020 IRS tax return transcript (IRS.gov) or a signed copy of 2020 tax form 1040 with all accompanying schedules and W-2								
forms □I/we are se	elf-employed and have provided co	opies of my Scheudule C and/o	r 1099-MISC form						
Percentage o	□I/we are self-employed and have provided copies of my Scheudule C and/or 1099-MISC form Percentage of ownership:% Business value: \$Business debt: \$								
Does the busi	iness have more than 100 full-time	e employees □Yes □No							
☐ I/we did not, will not, and are no Verification of non-filing status mu students only	ot required to file a 2020 Federal ust be sent to the financial aid offi	Income Tax Return ice (IRS.gov) - Required for par	ents of dependent						
	ed wages from work and have pro	vided copies of my W2s							
Child Support Worker's com Money receiv form Federal or Sta	ty Benefits (please provide a copy t received (for all children) npensation or disability ed or paid on your behalf not repo ate financial assistance (i.e. TANF s of untaxed income	or of form SSA-1099) \$_ \$_ corted elsewhere on this \$_ \$_							
Custodial Parent's marital statu	Custodial Parent's marital status: Output Describe								
□Never married □Married/Rem		ts live together \square Separated	□Divorced □Widowed						
Did your parent(s) that you live	with pay child support in 202	0? □Yes □No							
Name of person who paid child support	Name of child whom support was paid	Name of the person who received support	Annual amount of child support aid in 2020						
Certification By signing this verification worksheet I/we certify that all the information reported to qualify for federal aid is complete and correct. The student and parent (if dependent) must sign.									
Student Signature	 Date	Parent Signature (if dependent) Date						
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