



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

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. 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:
