

2022-2023 (V5) Independent Student Verification Worksheet

Date: Trans. # EFC:

Banner/Verified:

Locked:

Your 2022–2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. 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. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Independent Student Information			
Student's Last Name	Student's First Name	Student's M.I.	Student's SFSC ID Number
Student's Street Address (i	include apt. no.)		Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Cell Phone Number (include area code)			Student's Alternate or Home Phone Number

Independent Student's Family Information

Number of Household Members: List below the people in the student's household. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2022, through June 30, 2023, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2023.

Number in College: Include in the space below information about any household member who is, or will be, enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2022, and June 30, 2023, and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self		

Student's Name:	ID:			
Independent Student's Ind	come Information to	Be Verified		
·				
The student and spouse <u>has used</u> the IRS DRT in FAFS student's FAFSA.	A on the Web to transfer 20	020 IRS income ta	x return informat	ion into the
The student and spouse is <u>unable or chooses not to use</u> with a 2020 IRS Tax Return Transcript(s) or a signed applicable schedules .				
☐ The student and/or spouse was not employed and had n	o income earned from work	in 2020.		
 The student and/or was employed in 2020 and did not file Provide copies of all 2020 IRS W-2 forms issued to a Listed below are the names of all employers, the amemployer did not issue an IRS W-2 form. 	the student by their employ		st every employe	r even if the
Employer's Name			ount Earned in 020	
(Example) ABC's Auto Body Shop		\$4,5	500.00	
Total Amount of Income Earned From Work		ork \$	\$	
If more space is needed, provide a separate page w	ith the student's name and	ID number at the	top.	
☐ The student and spouse has 2020 Amended IRS income tax-related identity theft.	e taxes return, has a 2020 II	RS tax extension,	or was a victim o	of 2020 IRS
Independent Stud	dent's Untaxed Inco	ome		
2020 Untaxed Income		Student	Spor	ıse
Payments to tax-deferred pension, retirement savings plans, IRA c			\$	
support received, veteran's non-education benefits, other untaxed	income, ect.			
Certificatio	n and Signature			
	3			
By signing below, you certify that the information report	rted is complete and co	orrect.		
Student's Signature	 Date			
Stadont & Oignataro	Date			
·				
Spouse's Signature (Optional)	Date			

Student's Name:	ID:		
Identi	ty and Statement of Education	al Purpose	
	Form Instructions	·	
To complete this form you must eith Notary.	er appear in person at SFSC OR ha	ave this form signed in the presence of a	
Identity and Statement of Educational Purpose (To Be Signed at SFSC)			
unexpired valid government-issued state-issued ID, or passport. The in institution with the date it was receive receive and review the student's ID.	photo identification (ID), such as, bu stitution will maintain a copy of the seed and reviewed, and the name of t	verify his or her identity by presenting an ut not limited to, a driver's license, other student's photo ID that is annotated by the the official at the institution authorized to icial, the Statement of Educational Purpose	
Statement of Educational Purpose			
Each person signing below certifies reported is complete and correct. The whose information was reported on date.	ne student and one parent	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
	ent's Name) Federal student financial assistance cost of attending South Florida Sta	dividual signing this Statement e I may receive will only be used for ate College for 2022–2023.	

Date

Date

Revised: 02/20/2020, LL & SM

Student's Signature

SFSC Staff Member Signature

Student's Name:		ID:	
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Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at **South Florida State College** to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose				
I certify that I am the individual signing this Statement (Print Student's Name) of Educational 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 South Florida State College for 2022–2023.				
Student's Signature	Date			
Notary's Certificate of Acknowledgement				
State of	_ City/County of			
On, before me,	,			
(Date) (Notary's name)				
personally appeared,	, and proved to me on the			
(Printed name of signer)				
basis of satisfactory evidence of identification	to be			
(Тур	e of unexpired government-issued photo ID provided)			
the above-named person who signed the foregoin	g instrument.			
WITNESS my hand and official seal				
(Notary signature)	- (seal)			
My commission expires on				