



## 2021-2022 (V1) Independent Student Verification Worksheet

Date:
Trans. #
EFC:
Banner/Verified:
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Your 2021–2022 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 (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, 2021, through June 30, 2022, 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, 2022.

Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2021, and June 30, 2022, 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 Income Information to Be Verified**

- The student and spouse has used the IRS DRT in *FAFSA on the Web* to transfer 2019 IRS income tax return information into the student's FAFSA.
- The student and spouse is unable or chooses not to use the IRS DRT in *FAFSA on the Web*, and instead will provide the institution with a **2019 IRS Tax Return Transcript(s) or a signed copy of the 2019 income tax return or Non-IRS income tax return and applicable schedules.**
- The student and/or spouse was not employed and had no income earned from work in 2019.
- The student and/or was employed in 2019 and did not file taxes.
  1. Provide copies of all 2019 IRS W-2 forms issued to the student by their employers.
  2. Listed below are the names of all employers, the amount earned from each employer in 2019. List every employer even if the employer did not issue an IRS W-2 form.

Employer's Name	Annual Amount Earned in 2019
<i>(Example) ABC's Auto Body Shop</i>	\$4,500.00
Total Amount of Income Earned From Work	\$

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

- The student and spouse has 2019 Amended IRS income taxes return, has a 2019 IRS tax extension, or was a victim of 2019 IRS tax-related identity theft.

**Independent Student's Untaxed Income**

2019 Untaxed Income	Student	Spouse
Payments to tax-deferred pension, retirement savings plans, IRA deductions, child support received, veteran's non-education benefits, other untaxed income, ect.	\$ _____	\$ _____

**Certification and Signature**

**By signing below, you certify that the information reported is complete and correct.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date

**Please submit all documents to: SFSC Financial Aid Office**  
600 West College Drive, Building B, Avon Park, FL 33825  
**OR E-mail: FinancialAid@southflorida.edu**