

2022-2023 (V5) Dependent Student Verification Worksheet

Date:
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 Banner/Verified:
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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.

Dependent 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

Dependent Student's Family Information

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

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents provide 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, excluding the parents, 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, 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)
		<i>Self</i>		

Student's Name: _____ ID: _____

Dependent Student's Income Information to Be Verified

Student	Parents																								
Check the ONE that applies	Check the ONE that applies																								
<input type="checkbox"/> The student <u>has used</u> the IRS DRT in <i>FAFSA on the Web</i> to transfer 2020 IRS income tax return information into the student's FAFSA. <input type="checkbox"/> The student is <u>unable or chooses not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the institution with a 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 income tax return or non-IRS income tax return and applicable schedules . <input type="checkbox"/> The student was not employed and had no income earned from work in 2020. <input type="checkbox"/> The student was employed in 2020 and did not file taxes. <div style="margin-left: 20px;"> 1. Provide copies of all 2020 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 2020. List every employer even if the employer did not issue an IRS W-2 form. </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Employer's Name</th> <th style="width: 30%;">Annual Amount Earned in 2020</th> </tr> </thead> <tbody> <tr> <td><i>(Example) ABC's Auto Body Shop</i></td> <td><i>\$4,500.00</i></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total Amount of Income Earned From Work</td> <td>\$</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> If more space is needed, provide a separate page with the student's name and ID number at the top. </div> <input type="checkbox"/> The student has 2020 Amended IRS income taxes return, has a 2020 IRS tax extension, or was a victim of 2020 IRS tax-related identity theft.	Employer's Name	Annual Amount Earned in 2020	<i>(Example) ABC's Auto Body Shop</i>	<i>\$4,500.00</i>							Total Amount of Income Earned From Work	\$	<input type="checkbox"/> The parents <u>have used</u> the IRS DRT in <i>FAFSA on the Web</i> to transfer 2020 IRS income tax return information into the student's FAFSA. <input type="checkbox"/> The parents are <u>unable or choose not to use</u> the IRS DRT in <i>FAFSA on the Web</i> , and instead will provide the institution with a 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 income tax return or non-IRS income tax return and applicable schedules . <input type="checkbox"/> Neither parent was employed, and neither had income earned from work in 2020. <input type="checkbox"/> One or both parents were employed in 2020 and did not file taxes. <div style="margin-left: 20px;"> 1. Provide copies of all 2020 IRS W-2 forms issued to the parent by their employers. 2. Listed below are the names of all employers, the amount earned from each employer in 2020. List every employer even if the employer did not issue an IRS W-2 form. </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 70%;">Employer's Name</th> <th style="width: 30%;">Annual Amount Earned in 2020</th> </tr> </thead> <tbody> <tr> <td><i>(Example) ABC's Auto Body Shop</i></td> <td><i>\$4,500.00</i></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr> <td style="text-align: right;">Total Amount of Income Earned From Work</td> <td>\$</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> If more space is needed, provide a separate page with the student's name and ID number at the top. </div> <input type="checkbox"/> One or both parents has 2020 Amended IRS income taxes return, has a 2020 IRS tax extension, or was a victim of 2020 IRS tax-related identity theft.	Employer's Name	Annual Amount Earned in 2020	<i>(Example) ABC's Auto Body Shop</i>	<i>\$4,500.00</i>							Total Amount of Income Earned From Work	\$
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Dependent Student's Untaxed Income

2020 Untaxed Income	Student	Parents
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

Parent's Signature

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

Student's Name: _____ ID: _____

**Identity and Statement of Educational Purpose
Form Instructions**

To complete this form you must either appear in person with one parent whose information was reported on the FAFSA at SFSC **OR** have this form signed in the presence of a Notary.

**Identity and Statement of Educational Purpose
(To Be Signed at SFSC)**

The student must appear in person at **South Florida State College** to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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 (Required) Date

Parent's Signature (Required) Date

SFSC Staff Member Signature (Required) 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

Student's Name: _____ ID: _____

**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
(Type of unexpired government-issued photo ID provided)

the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary signature)

(seal)

My commission expires on _____
(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