

## 2019-20 Independent Student Verification Worksheet

Your 2019-20 Free Application for Federal Student Aid (FAFSA) was selected for federal verification. By federal law, we are required to verify certain information you have reported on the FAFSA and collect required documents. Corrections to your FAFSA may be made once verification items are submitted and reviewed.

Return this form to the Office of Financial Aid within three weeks of receiving this notice. Financial aid will not be calculated and/or disbursed to your account until verification is completed.

### PART A – STUDENT INFORMATION

1. Name: \_\_\_\_\_
2. Permanent mailing address: \_\_\_\_\_
3. Home phone number: \_\_\_\_\_ Cell number: \_\_\_\_\_
4. I am a (check only one):  Continuing Augustana student (previously enrolled)  First-time Augustana student
5. Augustana ID number (if known): \_\_\_\_\_

### PART B – VERIFICATION OF HOUSEHOLD SIZE/NUMBER IN COLLEGE List below the people in your household.

**Please read the directions below. Each field in the chart must be completed. Include:**

- Yourself (and your spouse, if you are married)
- Your children, if you will provide more than half of their support between July 1, 2019, and June 30, 2020, even if they do not live with you
- Other people if they now live with you AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2019 through June 30, 2020

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary educational institution between July 1, 2019 and June 30, 2020.

Based on the criteria above, list names of household members, including yourself.		Age	Relationship to you	Will attend college at least half-time in 2019-20 in a degree or certificate program		Name of college this person will attend in 2019-20
First Name	Last Name			Yes	No	
1			self /applicant	<input type="checkbox"/>	<input type="checkbox"/>	Augustana College
2				<input type="checkbox"/>	<input type="checkbox"/>	
3				<input type="checkbox"/>	<input type="checkbox"/>	
4				<input type="checkbox"/>	<input type="checkbox"/>	
5				<input type="checkbox"/>	<input type="checkbox"/>	
6				<input type="checkbox"/>	<input type="checkbox"/>	
7				<input type="checkbox"/>	<input type="checkbox"/>	
8				<input type="checkbox"/>	<input type="checkbox"/>	

If you and/or your spouse filed an amended return, filed for a tax extension, or have been a victim of taxpayer identity theft, please call the Office of Financial Aid at 309-794-7207.

**PART C – STUDENT APPLICANT** All students (and spouses, if married) must complete Part C. Check only the box that applies:

- I/we filed/will file a 2017 tax return. **If checked, go to Part D.**
- I/we did not/will not file and am not required to file a 2017 tax return AND had no income.\* **If checked, go to Part D.**
- I/we did not/will not file and am not required to file a 2017 tax return AND had income.\* List below all sources and amounts of income received in 2017. You must submit all 2017 W-2 forms if you did not/will not file a 2017 tax return.

**2017 Student/Spouse Income (non-tax filers only)**

**W-2 received for this income source?**

Source/Amount \_\_\_\_\_ \$ \_\_\_\_\_

No  Yes  (please attach copy)

Source/Amount \_\_\_\_\_ \$ \_\_\_\_\_

No  Yes  (please attach copy)

Source/Amount \_\_\_\_\_ \$ \_\_\_\_\_

No  Yes  (please attach copy)

\* **NOTE:** Non-tax filers must obtain a "verification of non-filing" letter from the IRS. Complete Form 4506-T and mail or fax to the IRS. (Form 4506-T is enclosed/attached, if it is required.)

**PART D– OTHER INFORMATION TO BE VERIFIED** Please respond to each question. **Enter a zero (0) if the question does not apply.**

2017 payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in boxes 12a through 12d, codes D, E, F, G, H and S. Do not include amounts from Code C or Code DD. Do not include mandatory contributions. **Reference your 2017 W-2 form(s) when completing this question.**

**Student**

**Spouse**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

2017 child support **received for all** children reported in household size. Do not include foster care or adoption payments.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

2017 housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**PART E - CERTIFICATION AND SIGNATURE(S)**

By signing below, I/we certify that all information reported is true and correct to the best of my/our knowledge. If asked, I/we agree to provide proof that the information is correct. I/We allow the financial information provided to be discussed with all parties who provided data to complete the application. I/We realize that until all requested information has been submitted, reviewed and verified, no estimated financial aid will be credited to the student account. I/We authorize Augustana College to release updated or corrected information, based on verification, to the Federal Aid Processing Center.

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

\_\_\_\_\_  
Printed Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

WARNING: False or misleading information can lead to a fine and/or jail.