

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

2023-2024 Verification Worksheet

General Form Instructions

Your FAFSA 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.

FAFSA.									
Student Inform	ation								
Name:		Student ID:							
	Last		First	Middle					
Address:									
	Street			City		State		Zip Code	
Phone:			Cell:		Email:				
Citizenship: □U	.S. Citizen □Eligib	ole Non-	citizen □Ne	ither	Date of	Birth:			
Student marital status:	□Never	married	□Married/F	Remarried	□Separated	□Divorced	d		
 required to pro List yours including sparent(s) List the co 	udents are considered ovide parent informati elf and the people in y stepparents, even if yo ollege(s) that family mo I at least part-time in 2	on on the rour paren ou don't liv embers (e	FAFSA) t(s)' household, e with your xcluding parent	answe sectio •	ependent (stud red "yes" to a lea n of the FAFSA) List yourself, a considered ma	st one question	on in the d se if you a	ependency state	
Full Nam	e	Age	Relationship	to Student	Postsecondary s	chool	Grade Level*	Course Load**	
			Self		W&J College		Bever	Loud	
					1				

W&J College does not discriminate in its educational programs, activities, or employment on the basis of race, religion, sex, sexual orientation, age, disability, national origin, or any other nationally protected legal status in accordance with applicable state and federal laws. In addition, W&J complies with applicable state and federal laws governing nondiscrimination in employment. Inquiries may be directed to the Ethics and Compliance Officer, Washington & Jefferson College 60 South Lincoln Street Washington, PA 15301 724-503-1001- ext. 3012.

^{*}Grade level Codes:

O. 1st year never attended college 1. 1st year attended college

^{2. 2&}lt;sup>nd</sup> year / sophomore 3. 3rd year / junior

^{4. 4&}lt;sup>th</sup> year / senior 5. 5th year / other undergrad

^{6. 1}st year graduate / professional 7. continuing graduate / professional

^{**} Course Load Codes

F. Full-time (12 credits or more) P. Part-time (11 credits or less)

Name:			Student ID:						
Student Tax Information (include spouse tax informat	ion if married)							
\Box I /we have filed or will file a 202	1 Federal Income Tax Return								
☐ I/we used	\square I/we used IRS data retrieval option at www.fafsa.ed.gov								
		ailable and I will provide a copy of a 2 1 tax form 1040 with all accompanying							
	ist be sent to the financial aid o	office (IRS.gov) - <mark>Independent student</mark>	s only						
☐I earned wo	ages from work and have provi	ded copies of my W-2 forms							
	ty Benefits (only list payments	received in your name) \$							
Child Support	t received (for student's childre ed or paid on your behalf not re	en) <u>; </u>							
	s of untaxed income								
If any portion of your 2021 AGI wa amount here: \$	Describe s taxable financial aid or was e	arned under the federal work-study p	rogram in 2021, please indicate that						
Custodial Parent Tax Inform	mation (Dependent Student	ts only)							
\Box I /we have filed or will file a 202	1 Federal Income Tax Return								
	□I/we used IRS data retrieval option at www.fafsa.ed.gov								
	☐The IRS data retrieval option was not available and I will provide a copy of a 2021 IRS tax return transcript (IRS.gov) or a signed copy of 2021 tax form 1040 with all accompanying schedules and W-2								
forms									
Percentage o	f ownership:% Busines	s value: \$ Business del	ot: \$						
	iness have more than 100 full-ti								
☐ I/we did not, will not, and are not Verification of non-filing status mustudents only		al Income Tax Return office (IRS.gov) - Required for parents	of dependent						
	ed wages from work and have p	provided copies of my W2s							
Untaxed income (please indicate total amounts received in 2021 from the following): Social Security Benefits (please provide a copy of form SSA-1099) Child Support received (for all children) Worker's compensation or disability Money received or paid on your behalf not reported elsewhere on this form Federal or State financial assistance (i.e. TANF, WIC, etc.) Other sources of untaxed income									
Custodial Parent's marital statu	Describe								
□Never married □Married/Rem		ents live together \square Separated \square	Divorced □Widowed						
Month and year:									
Did your parent(s) that you live	with pay child support in 20	021? □Yes □No							
Name of person who paid child support	Name of child whom support was paid	Name of the person who received support	Annual amount of child support aid in 2021						
01:6:1:									
Certification By signing this verification worksh student and parent (if dependent)		ormation reported to qualify for feder	al aid is complete and correct. The						
Student Signature	Date	Parent Signature (if dependent)	Date						