

2019-2020 Independent Student Verification Worksheet

Student's name: _____ ID# _____

Verification:

You have been selected for a process called Verification. As such, we are mandated by the Department of Education to collect documents to satisfy these requirements. Please read the questions carefully and respond appropriately. When parents are mentioned, this means the parent(s) (and step-parent, when applicable) with whom you've lived with the majority of the time during the twelve months prior to filing for financial aid.

**** NOTE:** *Your eligibility for financial aid will not be finalized until this form and documents (if applicable) are received by our office.*

INSTRUCTIONS: Complete this section with information about the people who will be in your parents' household between July 1, 2019 and June 30, 2020. **Include your parent(s), yourself and other siblings** living in the house who are required to file a FAFSA application for the 2019-2020 using your parents' information. If your parents are separated or divorced, include only the parent (and step-parent, if applicable) with whom you live.

* Please Note: *Parents and those over 24 cannot be included in the number in college.*

ALL FIELDS MUST BE COMPLETELY FILLED OUT. Use N/A if not applicable.

Section A: Family Information

Include other people only if they now live with (and receive more than half of their support from) you and/or your parents and will continue to receive this support between July 1, 2019 and June 30, 2020.

Full Name	Age	Relationship to Student	If this person will <i>attend</i> college half-time or more in 2019-2020, print the name of the college	Degree Seeking?
1.		SELF	Roxbury Community College	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2.				Yes <input type="checkbox"/> No <input type="checkbox"/>
3.				Yes <input type="checkbox"/> No <input type="checkbox"/>
4.				Yes <input type="checkbox"/> No <input type="checkbox"/>
5.				Yes <input type="checkbox"/> No <input type="checkbox"/>
6.				Yes <input type="checkbox"/> No <input type="checkbox"/>
7.				Yes <input type="checkbox"/> No <input type="checkbox"/>

Check this box if there are more than seven family members. Attach a list of these people, providing the same information as requested above for each person.

Section B: Student Information

If you will file a 2017 U.S. Federal Income tax return, the IRS Data Retrieval Tool is recommended to update the income information on your FAFSA.

Check the box(s) below that apply:

- I used the IRS Data Retrieval Tool on the FAFSA and have transferred my 2017 IRS income tax return.
- I have not yet used the IRS Data Retrieval Tool but will once I have filed my 2017 IRS income tax return.
- I am unable to use the IRS Data Retrieval Tool (Attach 2017 Tax Transcript; retrieve at www.irs.gov)
- I **will not, nor are required** to, file a U.S. income tax return
Student's Income Earned: \$ _____ (Attach W2's)

Section D: Untaxed Income, Benefits, Income Exclusions

Please read below carefully and circle **Yes** or **No** for each line.

Income Sources/Exclusions	Circle Yes or No
Did you receive TANF (Welfare) Benefits in 2017?	Yes or No
Did you receive SNAP (Food Stamps) Benefits in 2017?	Yes or No
Did you receive SSI/SSDI in 2017?	Yes or No
Did you RECEIVE child support in 2017?	Yes or No
Did you PAY child support in 2017?	Yes or No

Certification and Signatures

By signing below, I certify that all of the information on this form is complete and accurate. I understand that giving false or misleading information may result in the loss of financial aid and that I may be fined, be sentenced to jail, or both.

Student's signature: _____ Date: _____