

2021-2022 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. The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2019 or had a change in marital status after December 31, 2019.*

- **INSTRUCTIONS:** Complete this section with information about the people who will be in your household between July 1, 2021 and June 30, 2022. Please include: **yourself, your spouse (if Married), you** or your 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.

- * 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 will continue to receive this support between July 1, 2021 and June 30, 2022.

Full Name	Age	Relationship to Student	If this person will <i>attend</i> college half-time or more in 2021-2022, 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 2019 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 2019 IRS income tax return.
- I have not yet used the IRS Data Retrieval Tool but will once I have filed my 2019 IRS income tax return.
- I am unable to use the IRS Data Retrieval Tool (Attach 2019 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 C: 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 2019?	Yes or No
Did you receive SNAP (Food Stamps) Benefits in 2019?	Yes or No
Did you receive SSI/SSDI in 2019?	Yes or No
Did you RECEIVE child support in 2019?	Yes or No
Did you PAY child support in 2019?	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: _____