

2024-2025 Dependent 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, 2024 and June 30, 2025. **Include your parent(s), yourself and other siblings** that are receiving more than half of support from your parent(s). If your parents are separated or divorced, include only the parent (and step-parent, if applicable) with whom you live.

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, 2024 and June 30, 2025.

Full Name	Age	Relationship to Student	If this person will <i>attend</i> college half-time or more in 2024-2025, 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 2022 U.S. Federal Income tax return, the direct exchange of your income information onto the FAFSA is strongly recommended.

Check the box(s) below that apply:

- I provided consent and approve sharing and importing income and tax information from the IRS to the FAFSA form.
- I will provide a 2022 IRS Tax Transcript or a signed copy of the 2022 income tax return and applicable schedules (Retrieve transcript online 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: Parent/Step-Parent Information

If your parent(s) (or step-parent) will file a 2022 U.S Federal Income tax return, the direct exchange of your income information onto the FAFSA is strongly recommended. Check the box(s) below that apply:

- I provided consent and approve sharing and importing income and tax information from the IRS to the FAFSA form.
- I will provide a 2022 IRS Tax Transcript or a signed copy of the 2022 income tax return and applicable schedules (Retrieve transcript online at www.irs.gov)
- I/We **will not, nor are required** to, file a U.S. income tax return
Parent 1's Income Earned: \$ _____ (Attach W2's)
Parent 2's Income Earned: \$ _____ (Attach W2's)

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 (Required): _____ Date: _____

Parent's Signature (Required): _____ Date: _____