

INDEPENDENT STUDENT'S INFORMATION

V5-INDEPENDENTVerification Worksheet





PERSONALLY IDENTIFIABLE INFORMATION

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact STUDENT FINANCIAL SERVICES as soon as possible so that your financial aid will not be delayed.

| Student's Last Name | Student's First Name | Student's M.I. |
|-------------------------|----------------------|----------------|
| | | |
| Student's Address | | |
| | | |
| City | State | Zip Code |
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| Ctudont's Homes Dhome N | Jumph au | |

| Student's Identification (ID) Number |
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| |
| Student's Date of Birth |
| |
| Student's Email Address |
| |
| Student's Alternate or Cell Phone Number |

(2)

INDEPENDENT STUDENT'S FAMILY INFORMATION

List below the people in your household. Include:

- A.- Yourself.
- B.- Your spouse, if you are married.
- C.- Yours or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you.
- D.- 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 through June 30, 2025.

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 any time between July 1, 2024, and June 30, 2025. If more space is needed, attach a separate page with the student's name and ID number at the top.

| Full Name | Age | Relationship | Will be Enrolled at Least Half Time in College? | College |
|-----------------------|-----|--------------|--|--------------------|
| Marty Jones (example) | 18 | Wife | Yes | Central University |
| | | Self | | |
| | | | | |
| | | | | |
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Note: We may require additional documentation to verify the information regarding the household members enrolled in eligible post secondary educational institutions.

| (3) | INCOME INFORMATION TO BE VERIFIED |
|-----|-----------------------------------|
| | INCOME INFORMATION TO BE VERIFIED |

A.- TAX RETURN FILERS

| ASTUDENT THIS SECTION TO STUDENT SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION TO SECTION THE SECTION TO SECTION TO SECTION THE S | o retrieve FEDERAL TA Thuse give eth seni Por IRS include la 29 eth r Get a Tax Transcript, "c nance Offic s TUDENT | AX INFORMATION I IStrisy Inforthation 489 IHTO THE WARD INFORMATION IN Create an account, the | e a 2022 income tax return [FTI] from the Internal Rever be reflected with a first section of Normal Reversion of Normal Reverse arned from work in 20 section of Normalion work in 20 spouse in formation | nue Service [IRS]. Each NS2 เวรยุต กรากศายก คากระทากกรณ์ n-filing Letter") or Subn SPOUSE | CONTRIBU Withhelia Mottenange nit our staten |
|--|--|--|---|---|---|
| I, the stud 2022 Tax a copy of or signed | have liste | d below the names of | re was employed in 2022 and fall employers, the amount 2022, and whether an IRS Wales of all 2022 IRS the spouse ies of all 2022 IRS the spouse amployer.] List every employ of the sue an IRS W-2 form, or signed in | | not to transfo mit to the scl urn Transcrip |
| Student's Employer's Name | Annual Amount earned in 2022 | W-2 Provided? | Spouse's Employer's Name | Annual Amount earned in 2022 | W-2 Provided |
| | | | | | |
| | | | | | |
| 4 CERTIFICATION A | | | formation reported on it is co | omplete and correct. | |
| Each person signing | oouse, if applicable, mu | ust sign and date. | | | |
| Each person signing | | ust sign and date. | Date | | |

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to Student Financial Services at SOUTHWESTERN ADVENTIST UNIVERSITY.

You should make a copy of this worksheet for your records.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.