



V1 Verification Worksheet

2019-20 Academic Year

Step 1 – Student Information

Student's Name	ID Number	DOB
Phone Number	Email	

Student Marital Status: Single
(As of Today – Select One)

<input type="checkbox"/> Date Married: _____	<input type="checkbox"/> Date Widowed: _____
<input type="checkbox"/> Date Divorced: _____	<input type="checkbox"/> Date Separated: _____
<input type="checkbox"/> Date Remarried: _____	

Complete if Dependent Only:
Am I Dependent or Independent? Visit georgefox.edu/DepStatus to find out

Parent Marital Status: Single
(As of Today – Select One)

<input type="checkbox"/> Date Married: _____	<input type="checkbox"/> Date Widowed: _____
<input type="checkbox"/> Date Divorced: _____	<input type="checkbox"/> Date Separated: _____
<input type="checkbox"/> Date Remarried: _____	<input type="checkbox"/> Parents living together not married

Step 2 – Household Information

Who to List:

Dependent Students

- Yourself
- Your parent(s)/step-parent
- Your siblings*
- Other people *

Independent Students

- Yourself
- Your spouse
- Your children*
- Other people*

*You/your parent(s) will provide more than half of this persons support from July 1, 2019 to June 30, 2020

Full Name	Age	Relationship To Student	School Status for 2019-20	Name of College in 2019-20 (Exclude parents/running start)
Enter Student Name Here		Self	In College	George Fox University
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school	If undecided on where attending, please list top choice(s)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school	If undecided on where attending, please list top choice(s)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school	If undecided on where attending, please list top choice(s)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Sibling <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school	If undecided on where attending, please list top choice(s)

*Additional boxes on back if needed

Full Name	Age	Relationship To Student	School Status for 2019-20	Name of College in 2019-20 (Exclude parents/running start)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school If undecided on where attending, please list top choice(s)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school If undecided on where attending, please list top choice(s)
		<input type="checkbox"/> Parent / Step-parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent	<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other	<input type="checkbox"/> In College <input type="checkbox"/> In High School <input type="checkbox"/> Not in school If undecided on where attending, please list top choice(s)

Step 3 – Tax Filing Status & Income Information – Calendar Year 2017

Student Information Year – 2017	Required Documentation	Parent Spouse Information Year – 2017
<input type="checkbox"/> I filed a Federal Income Tax Return (skip step 4)	<ul style="list-style-type: none"> Use the IRS Data Retrieval Tool on the FAFSA <p style="text-align: center;">*OR*</p> <ul style="list-style-type: none"> Provide a signed copy of your 1040 tax return 	<input type="checkbox"/> I filed a Federal Income Tax Return (skip step 4)
<input type="checkbox"/> I worked but am not required to file	<ul style="list-style-type: none"> Complete Verification of Income in step 4. Provide copies of all W2s from 2017. 	<input type="checkbox"/> I worked but am not required to file
<input type="checkbox"/> I did not work or earn income (skip step 4)	If Dependent student <ul style="list-style-type: none"> None If Parent OR Independent Student <ul style="list-style-type: none"> Provide a Proof of Non-Filing letter <ul style="list-style-type: none"> Mail 4506-T form to IRS 	<input type="checkbox"/> I did not work or earn income (skip step 4)

Step 4 – Those Who Worked But Did Not File

(Skip if you filed taxes OR did not earn any income)

Employer’s Name	Person Who Earned Income	W-2 Provided? Yes or No	Total Amount Earned in 2017
(Example) George Fox University	Self	Yes	\$2,300

Step 5 – Certification

I certify all the information reported is complete and correct. A hand written signature, not typed, is required:

Student Signature	Date	Student Name (please print)

Parent Signature (if student is dependent)	Date	Parent Name (please print)