



V1 Verification Worksheet

2019-20 Academic Year

Step 1 – Student Information

Student's Name	ID Number	DOB
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Phone Number	Email
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Student Marital Status: Single
(As of Today – Select One)

Married Divorced Separated
 Remarried Widowed

Marital Status Date: _____

Complete if Dependent Only:

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

Married Divorced Separated
 Remarried Widowed

Marital Status Date: _____

Step 2 – Household Information

Carefully read the following instructions, and in the following table, report:

Dependent Students

- **Yourself** and **your custodial parent(s)** (including a step-parent) even if you don't live with your parents.
- **Your siblings**, even if they don't live with your parent(s), if a) your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020, or b) the children would be required to provide parental information when applying for Federal Student Aid.
- **Other people** if they live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2019 to June 30, 2020.

Independent Students

- **Yourself** and **your spouse** (if applicable).
- **Your children**, if you will provide more than half of their support from July 1, 2019 to June 30, 2020.
- **Other people** if they live with you and you will provide more than half of their support from July 1, 2019 to June 30, 2020.

Full Name	Age	Relationship To Student	School Status	Name of College	Grad Date
STUDENT		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		
		<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		
		<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		
		<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		
		<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		

*Additional boxes on back if needed

Full Name	Age	Relationship To Student		School Status	Name of College	Grad Date
		<input type="checkbox"/> Parent / Step-parent	<input type="checkbox"/> Child	<input type="checkbox"/> In College		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Sibling	<input type="checkbox"/> In High School		
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other	<input type="checkbox"/> Not in school		
		<input type="checkbox"/> Parent / Step-parent	<input type="checkbox"/> Child	<input type="checkbox"/> In College		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Sibling	<input type="checkbox"/> In High School		
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other	<input type="checkbox"/> Not in school		
		<input type="checkbox"/> Parent / Step-parent	<input type="checkbox"/> Child	<input type="checkbox"/> In College		
		<input type="checkbox"/> Spouse	<input type="checkbox"/> Sibling	<input type="checkbox"/> In High School		
		<input type="checkbox"/> Grandparent	<input type="checkbox"/> Other	<input type="checkbox"/> Not in school		

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"> Order a “Tax Return” Transcript from the IRS <ul style="list-style-type: none"> Go to www.irs.gov and select “Get Your Tax Record.” OR Call 800-908-9946 Mail, fax, or scan transcript once received <p style="text-align: center;">We cannot accept 1040 tax return forms.</p>	<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)	None Required	<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)