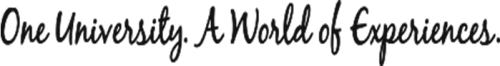
|  |
| --- |
| **Office of Student Financial Aid 2024-2025 Independent Verification Worksheet** |



Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FSU ID Number: \_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FSU Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*PROCESSING OF YOUR AID HAS STOPPED UNTIL THIS FORM AND ALL REQUESTED**

**DOCUMENTS ARE RETURNED. READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE PROCEEDING. \*\***

Your financial aid application was selected for review in a process called “Verification.” The U.S. Department of Education requires that colleges check the accuracy of the information that you provided on the 2024-2025 Free Application for Federal Student Aid (FAFSA) or the Renewal Application. **Please complete this form in pen**, attach the appropriate documentation, and return it to the Office of Student Financial Aid as soon as possible. If there are any questions left blank on this form, it may delay your financial aid processing. If we have questions concerning your answers, we will email the student’s FSU email account with additional written instructions or questions.

**SECTION A. FAMILY SIZE INFORMATION**

List the people in your parents’ family, include:

* Yourself
* Your spouse (*if you are considered married*)
* Your children/stepchildren, if you provide more than half of their financial support and will continue to provide more than half of their financial support from July 1, 2024 through June 30, 2025. (*Example -* *the children would be required to provide your information as a contributor when applying for Federal Student Aid.)* Include all your qualifying children even if they do not currently live with you.
* Other financially dependent people that currently live with you and that you will continue to provide more than half of their financial support from July 1, 2024 through June 30, 2025. *(Family size should align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file at the time of completing the 2024-2025 FAFSA.)*

(\*\*\*I understand that any family member other than the student and spouse listed that is over the age of 23 or outside the immediate family must receive over 50% of their financial support from the corresponding student and spouse. Listed “other” individuals must currently live with the student and continue to do so from July 1, 2024 through June 30, 2025. When making this determination be sure to consider both the taxed and untaxed income of the individuals being included in the family size. If the individual’s employment, unemployment, social security, disability, government benefits, financial aid refunds, other family/friend financial assistance, etc. outweigh the financial support from the listed student and spouse they should not be included. If the household number below does not match your FAFSA, the information listed below will be used and you could be asked for further explanation or documentation.)

|  |  |  |
| --- | --- | --- |
| Circle parent type & write in the **relationship to student** for **ALL**  other family members listed. | **Full Name  (**List **ALL** financially dependent family members.)  (Refer to detailed instructions above.**)** | **Age** |
| **FSU Student** |  |  |
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# SECTION B: STUDENT 2022 TAX INFORMATION (Check all that apply.)

## \*\*\* (A student who filed joint taxes in 2022, but prior to completing the 2024/2025 FAFSA divorced or legally separated must also supply 2022 W-2s for use in verifying separate incomes.)

* I will file or have already filed a 2022 US Income Tax Return. **(If yes, select 1 of the next 2 options)**
* I granted consent for 2022 IRS information to be transferred via the FTI module on the FAFSA form.
* I will attach a copy of the 2022 signed and dated federal tax return (including applicable schedules 1-3) submitted to the IRS (or) a 2022 federal tax return transcript from the IRS.

## (OR) *\*\*\*Below information only needed for Non-Tax Filing Individuals\*\*\** (Select 1 of the next 3 options)

* I was not employed in 2022, will not file, and am not required to file a 2022 US Income Tax Return.
* I was employed in 2022, will not file, and am not required to file a 2022 US Income Tax Return.   
   **(List income below. You must attach all 2022 W-2s.)**
* I was a foreign(non-IRS) non-filer in 2022 and will provide all foreign income below.  
    
  **(Non-filers must list income below. You are required to attach all 2022 W-2s.)**

|  |  |  |
| --- | --- | --- |
| **Student** | **Employer(s)** | **Wages earned in 2022 (W-2, Box 1)** |
| **Student** |  | **$** |

**SECTION C: SPOUSE 2022 TAX INFORMATION (Check all that apply.)**

## \*\*\* (A student’s spouse who filed joint 2022 taxes with someone other than the student, but prior to completing the 2024/2025 FAFSA, got divorced from that person and married the student, must supply 2022 W-2s for verifying separate incomes.)

* I will file or have already filed a 2022 US Income Tax Return. **(If yes, select 1 of the next 2 options)**
* I granted consent for 2022 IRS information to be transferred via the FTI module on the FAFSA form.
* I will attach a copy of the 2022 signed and dated federal tax return (including applicable schedules 1-3) submitted to the IRS (or) a 2022 federal tax return transcript from the IRS.

## (OR) *\*\*\*Below information only needed for Non-Tax Filing Individuals\*\*\** (Select 1 of the next 3 options)

* I was not employed in 2022, will not file, and am not required to file a 2022 US Income Tax Return.
* I was employed in 2022, will not file, and am not required to file a 2022 US Income Tax Return.   
   **(List income below. You must attach all 2022 W-2s.)**
* Spouse was a foreign(non-IRS) non-filer in 2022 and will provide all foreign income below.  
   **(Non-filers must list income below. You must attach all 2022 W-2s.)**

|  |  |  |
| --- | --- | --- |
| **Spouse** | **Employer(s)** | **Wages earned in 2022**  **(W-2, Box 1)** |
|  |  | **$** |

**SECTION D: STATEMENT OF CERTIFICATION:**

**You must hand sign this worksheet. By signing, you certify that the information given on this form is true and complete. Signature can be penned using an app or draw program, but not typed.  
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
Student Signature Date**

**Office of Student Financial Aid / 101 Braddock Road, Frostburg, MD 21532**

**Phone: 301-687-4301 · Fax: 301-687-7074 · Email: fsufinaid@frostburg.edu**