

Financial Aid Office 2019-2020 VERIFICATION WORKSHEET V1

Student Information

Last Name	First Name	M.I.	Social Security Number
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Dependent Student*

**A student is considered dependent if he/she was required to provide parental information on the FAFSA.*

List the people in your parent(s)' household Including:

- **yourself** and your **parent(s)** (including a stepparent) even if you don't live with your parent(s) **and**
- **your parent(s)' other children**, even if they do not live with your parent(s), **if** (a) your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020, **or** (b) the children would be required to provide parental information if they were applying for Federal Student Aid, **and**
- **other people** if they now live with your parent(s) **and** your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.

Independent Student**

***A student is considered independent if he/she was not required to provide parental information on the FAFSA.*

List the people in your household Including:

- **yourself** and your **spouse** if you have one, **and**
- **your children**, if you will provide more than half of their support from July 1, 2019 through June 30, 2020, even if they do not live with you, **or if** the child would be required to provide your information as the parent if they were applying for Federal Student Aid, **and**
- **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 from July 1, 2019 through June 30, 2020.

Household Size Information:

**Dependent Student: Answer all of the following questions about yourself and the parent(s) reported on the FAFSA.*

***Independent Student: Answer all of the following questions only about yourself, your children and your spouse if married.*

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending college at least half-time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	South Seattle College

Student – Tax and Income Information

Check only one box below.

- I used the IRS Data Retrieval Tool on the FAFSA, *no action required*.
- I did file and am attaching my **2017 IRS Tax Return** or **Tax Return Transcript**.
- I did not file a 2017 Federal Tax Return but I did have earnings in 2017.

Independent Students: **You MUST submit proof of Nonfiling from the IRS and copies of all W-2s.**

Dependent Students: **You MUST provide copies of all W-2s.**

To get your Nonfiling Letter and/or W2s, please visit this link to locate the IRS Tax Transcript Instructions:

<http://www.southseattle.edu/financial-aid/financial-aid-forms.aspx>

- I did not file and I did not have any earnings in 2017.

Independent Students: **You MUST obtain proof of Nonfiling from the IRS.**

Dependent Students: **No action required.**

Parent(s) or Spouse – Tax and Income Information

Check only one box below.

- My Parent(s) or Spouse used the IRS Data Retrieval Tool on the FAFSA, *no action required*.
- My Parent(s) or Spouse did file and are attaching their **2017 IRS Tax Return** or **Tax Return Transcript**.
My Parent(s) or Spouse did not file a 2017 Federal Tax Return but they did have earnings in 2017. **They MUST submit proof of Nonfiling from the IRS and copies of all W-2s.**

To get your Nonfiling Letter and/or W2s, please visit this link to locate the IRS Tax Transcript Instructions:

<http://www.southseattle.edu/financial-aid/financial-aid-forms.aspx>

- My Parent(s) or Spouse did not file and they did not have any earnings in 2017. **They MUST submit proof of Nonfiling from the IRS.**

Text Messaging Disclaimer - OPTIONAL

I authorize a Seattle Colleges employee to send text messages to my cell phone to share pertinent information related to my academics. I understand that standard text messaging rates will apply to any messages received from the Seattle Colleges. I also understand that I or Seattle Colleges may revoke this permission at any time. To stop texting communication, please text "stop" in reply, which will remove you from the text messaging distribution list. I agree not to hold the Seattle Colleges liable for any electronic messaging charges or fees generated by this service.

Cell Phone: (____) _____ - _____ Cell Carrier (Sprint, T-Mobile, etc.): _____

Sign the Worksheet

Each person signing this form certifies that all the information reported on it is complete and correct. The student must sign and date the form and at least one parent must sign and date the form if parent information was reported on the FAFSA.

Student _____ (Please **print**, and sign and date above) Date _____

Parent(s) _____ (Please **print**, and sign and date above) Date _____