**Student Financial Services Office**

**420 West Main Street ∙ Danville, VA 24541**

**Phone: 1-800-AVERETT ∙ Fax: 434-791-5647**

**2022-2023 Verification Worksheet**

**Dependent Student (V5)**

**INSTRUCTIONS**

1. If you did not use the IRS Data Retrieval Tool on your FAFSA, you must submit a 2020 tax return transcript from the IRS. **Per federal regulations, a copy of your federal tax return is no longer acceptable.**
2. Complete all sections of the worksheet and provide the required signatures.
3. Deliver, mail or fax the completed worksheet, tax return transcript and any other documents to the Student Financial Services office in order for your financial aid to be processed.

**Section A. Student Information – (Please enter your information in the spaces provided.)**

** P000 **

**Last Name First Name M.I. Student ID Social Security #**

** **

**Address (Include Apt. No) Date of Birth**

**  **

**City, State, Zip Code Student Phone Number Parent Phone Number**

**Section B. Family Information- List the people in your parent’s household, including:**

* Yourself and your parent(s) (including stepparent) even if you don’t live in the same household
* Your parent(s) other children even if they don’t live with your parent but will still receive more than half of their support from your parent(s) from July 1, 2022 through June 30, 2023 or if they are required to provide parental information to receive Federal Student Aid
* Other people that live with your parent(s) and receive more than half of their support from your parent(s) and will continue to receive the support from July 1, 2022 through June 30, 2023

Write the names of all household members in the spaces below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half-time between July 1, 2023 and June 30, 2023 and will be enrolled in a degree, diploma, or certificate program. Please attach a separate page if you need additional space.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **College** |
|  |  | **Self** | **Averett University** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*\*\*WARNING: If you purposely give false or misleading information on this worksheet,**

**you may be fined, sent to prison or both. \*\*\***

Student Name: Student ID: P000 Dependent (V5)

**Section C. Student’s/ Parent’s Tax Information- Please check one box only.**

|  |  |
| --- | --- |
| **Student Section** | **Parent Section** |
| I have used IRS Data Retrieval Tool to transfer 2020 IRS  income tax information into FAFSA. | I have used IRS Data Retrieval Tool to transfer 2020  income tax information |
| I am unable to or will not use IRS Data Retrieval Tool to  transfer 2020 IRS income tax information into FAFSA.  Please attach your 2020 IRS Tax Return Transcript. | I am unable to or will not use IRS Data Retrieval Tool to  transfer 2020 IRS income tax information into FAFSA.  Please attach your 2020 IRS Tax Return Transcript. |
| I am not required to file and will not file IRS Federal  Income taxes for 2020 (Please attach 2020 W-2s if  applicable.) | I am not required to file and will not file IRS Federal  Income taxes for 2020 (Please attach 2020 W-2s if  applicable.) |

**\*\*\* To obtain the 2020 IRS Tax Return Transcript, please visit http://www.irs.gov/Individuals/Get-Transcript or call 1-800-908-9946. \*\*\***

**Section D. Non-Tax Return Filers**

Provide documentation from the IRS or other relevant tax authority dated on or after October 1, 2020 that indicates a 2020 IRS income tax return was not filed with the IRS. Please attach all W2s and 1099s for any income earned during 2020.

Check here if confirmation of IRS non-filing letter is provided.

Check here if confirmation of IRS non-filing letter will be provided later or you will be completing the non-tax

filing statement provided by Averett University.

|  |  |  |
| --- | --- | --- |
| Employer’s Name | IRS W-2 or an Equivalent Document Provided? | Annual Amount Earned in 2020 |
| (Example: ABC’s Auto Body Shop | Yes | $4,500.00 |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Total Amount of Income Earned From Work | | $ |

**E. Certification and Signature**

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. Each person also understands that if any of the information reported on this form is inconsistent with what has been reported on the FAFSA, additional documentation may be required.

 P000

Print Student’s Name Student ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature **(Ink Signature Required)** Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature **(Ink Signature Required)** Date

**\*\*\*WARNING: If you purposely give false or misleading information on this worksheet,**

**you may be fined, sent to prison or both. \*\*\***

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent V5

**F. Identity/ Statement of Educational Purpose**

**\*\*NOTE:**  There are two options for completing the Identity/Statement of Educational Purpose verification.

**Option A:** Requires that the student sign the Statement of Educational Purpose in the Student Financial Services Office in front of an institutional official. The student will be required to present a valid government-issued phot identification (ID) and the institutional official will collect a copy. If you are unable to visit the Student Financial Services office in person, you may choose to use Option B.

**Option B:** Allows the student to submit a copy of his or her valid government-issued photo identification (ID) to the school along with the original notarized Statement of Educational Purpose. Both Option A and Option B are included in this worksheet.

I will complete “Option A” for the Identity/ Statement of Educational Purpose.

I will complete “Option B” for the Identity/ Statement of Educational Purpose.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent V5

**F. Option A- Identity and Statement of Educational Purpose (To Be Signed at the Institution)**

The student must appear in person at **Averett University** to verify his or her identity by presenting an unexpired valid government-issued phot identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated by institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the individual signing this Statement of Educational

(Print Student’s Name)

Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Averett University** for 2022-2023.

(Name of Postsecondary Educational Institution)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature (Ink Signature) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Financial Services Counselor Signature Date**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dependent V5

**F. Option B- Identity and Statement of Educational Purpose (To Be Signed with Notary)**

If the student is unable to appear in person at **Averett University** to verify his or her identity, the student must provide the institution:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID or passport and;
2. The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual signing this Statement of

**(Print Student’s Name)**

Educational Purpose and that the federal student financial assistance that I may receive will only be used for educational purposes and to pay for the cost of attending **Averett University** for 2022-2023.

**(Name of Postsecondary Educational Institution)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Signature Date**

**P000\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student ID Number**

**Notary’s Certificate of Acknowledgment**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

**Date Notary’s Name Printed Name of Signer**

and proved to me on the basis of satisfactory evidence of identification \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of government-issued photo ID provided**

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Signature**

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**