

Office of Financial Aid, Pioneer Hall 190, 100 E. Claflin, Salina, KS 67401

V1 Independent Institutional VerificationWorksheet

IMPORTANT: Your FAFSA was selected by the U.S. Department of Education for a process called verification. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668.

ECTION A: STUDEN	<u>IT INFORMATIOI</u>	N			
am completing FAFSA verification for the term(s): Fall 20			Spring 20	Summer 20	
Student Name: Last	First	Middle Initial	KWU Student ID	or Social Security Number	Date
Student	: Email address	Student Cell Phone number			
SECTION B: FAMILY	INFORMATION				
ist the people in your house	hold. I nclude :				
☐ Your children, i ☐ Other people if		n half of your suppo n you, and you prov	•	and June 30 th of the current aca f of their support and will co	
****		and June 30			intinue to provi
	f you need more space	,	th of the current aca		·
Full Name	If you need more space	,	th of the current acadeseet with additions	demic year.	·
Full Name		s, please attach a sh	th of the current acadeseet with additions	demic year. al family members listed. **	*** Enrolled at Least Half Time
Full Name		s, please attach a sh	th of the current acadeseet with additions	demic year. al family members listed. ** College attending (current year)	*** Enrolled at Least Half Time
Full Name		s, please attach a sh	th of the current acadeseet with additions	demic year. al family members listed. ** College attending (current year)	*** Enrolled at Least Half Time
Full Name		s, please attach a sh	th of the current acadeseet with additions	demic year. al family members listed. ** College attending (current year)	*** Enrolled at Least Half Time
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Office Use Only:

Initials



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SECTION C: INCOME INFORMATION

Tax returns are Federal IRS Form 1040, Puerto Rican Tax Return, or a foreign income tax return.

<u>Initial to the left</u> for the circumstance that is true for you regarding your tax filing status. If you, OR your spouse, filed taxes for the required FAFSA tax year, please be sure to include each employer and amounts earned from work in the box below and attach copies of W-2 forms for all employers.

Studen	Student's (and Spouse's) Tax and Income Information								
	I/We gave consent and approval for FAFSA to obtain my/our federal tax information automatically from the IRS. **** Provide tax filing information for both the student and spouse if completed/filed taxes for the required FAFSA tax year ****								
of m the <i>sign</i>	e did not give consent and approval for ny/our IRS Tax Return Transcript OR required FAFSA tax year. <i>I understanificant other if he/she is listed in Seare currently married or living together</i>	a <u>signed</u> nd that ection B	<u>d</u> copy o <i>I must</i> o	of my/our Tax Retu also provide a sign	rn (1040) and associate ed copy of a Tax Retur	ed schedules from on for my spouse or			
I/W	e did not and will not file a U.S. Inco	me Tax	Return	because (initial on	e option):				
	I/We had zero earned	OR		I/We had too little taxable income to be required					
	or taxable income in to file a ta				file a tax return. Please complete the table				
					nd attach a copy of all W-2 forms for				
	tax year			<u>student and spoι</u>	ıse.				
	Employer				Amount earned	W-2 Attached (Y/N)			
					\$				
					\$				
					\$				
WARNING By signing	G: If you purposely give false or misle subject to a Fede this worksheet, I (we) certify the and correct.	ral fine	up to \$2	20,000, a prison ser	tence, or both.				
Student Si	ignature	D	Date	Spouse Sign	ature (If required)	Date			
KWU Office of	f Financial Aid ONLY:								
Verificati	ion completed in JFA student ISIR by Attach printout of completed final step.				Date	:			
~	d on FAFSA Partner Portal by Initials Attach FAFSA Partner Portal print-out.		Date:		_				