

Office of Financial Aid
Pioneer Hall 190

# **V5 Dependent Institutional Verification Worksheet**

**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. We must collect this information before awarding Federal Financial Aid. No further processing will be done until all documentation is provided.

am completing FAFSA ve	erification for the te	erm(s): Fall 20	Spring 20	Summer 20	
Student Name: Last	First	Middle Initial	KWU Student ID #	or Social Security Number	Date
Studen	t Email address			Student Cell Phone num	ber
SECTION B: FAMILY	INFORMATIO	<u>N</u>			
information when a  ○ Other people if the between July 1st and	nt(s) (including steppa r children even if they ly 1 <sup>st</sup> and June 30 <sup>th</sup> of th applying for federal s ly currently live with June 30 <sup>th</sup> of the current	arent) even if you don' y don't live with your p le current academic year tudent aid, and your parents, and you	ur parents will prov	rents, <b>and</b> r parents will provide more would be required to provi ride more than half of their ly members listed.*	
					Enrolled at
Full Name	Age	Relationship to	Student	college attending (current year)	Least Half Time
Full Name	Age	Relationship to  Self	Student C	College attending (current year)  Kansas Wesleyan University	
Full Name	Age	-	Student C		Least Half Time
Full Name	Age	-	Student		Least Half Time
Full Name	Age	-	Student		Least Half Time



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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> which of the circumstances that is true for you regarding your tax filing status. If you will not/did not file taxes for the FAFSA required tax year, please be sure to include each employer and amounts earned from work in the box below <u>and</u> attach copies of W-2 forms for all employers.

1. St	ude	ent's Tax and I	ncom	e Information			Office use only
	l gave	e consent and approval fo	r FAFSA to	o obtain my federal tax information	automatically from the I	RS.	
		ax Return Transcript <b>OR</b> a s		FSA to obtain my federal income tax y of my Tax Return (1040) and associ			
	I did	I had zero earned or taxable income in the required FAFSA tax year	OR	I had too little taxable incombe required to file a tax of the property of all w-2 for student.	ome to return. <i>below</i>	W-2 Attached (Y/N)	
					\$ \$		
2. Pa	arer	l nt(s)' Tax and	Incom	ne Information	<u> </u>		
	I gave	e consent and approval fo	r FAFSA to	o obtain my federal tax information	automatically from the I	RS.	
	of my the re signi	y/our IRS Tax Return Tran equired FAFSA tax year. <i>I</i>	script <b>OR</b> a understan sted in Sec	r FAFSA to obtain my/our income ta a <u>signed</u> copy of my/our Tax Return nd that I must also provide a signe ction B of this form, even if we we ing together.	n (1040) and associated : <b>d copy of a Tax Return f</b>	schedules from or my spouse or	

<sup>\*</sup>Parent(s)' Tax and Income Information (Continued on Next Page)



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*Telephone*: (785) 833-4315 *FAX*: (785) 404-1485 *Email*: finaid@kwu.edu

## Parent(s)' Tax and Income Information (Continued)

	1/\A							only
	1/ V\	/e had zero	OR		I/We had too li	ttle taxable income to b	e required to file	
	ear	ned or			a tax return.	Please complete the t	table below and	
	tax	able income			attach a copy o	of all W-2 forms for pare	ent and spouse.	
		he required			иссиси и сору с	, :: <u></u>		
		•						
	FAI	SA tax year						
	Employer					Amount earned	W-2 Attached (Y/N)	
						\$		
						\$		
						\$		
	: if you purpos			_		ng eligibility for federal stu sentence, or both.	udent aid, you may be	
complete a *At least o	this workshe and correct. one parent wh	subject to a	Federal f y that a	fine up to	\$20,000, a prison	sentence, or both. ed to qualify for federa	l student aid is	
complete a	this workshe and correct. one parent wh	subject to a	Federal f y that a	fine up to	\$20,000, a prison ormation report Parent Si	sentence, or both. ed to qualify for federa		
complete a *At least o Student Signarent Cont	this workshed and correct. one parent wh gnature	subject to a et, I (we) certifno is on the FAF	y that a	fine up to	\$20,000, a prison  ormation report  Parent Signature  (MUST BI	sentence, or both.  ed to qualify for federa  gnature E SIGNED IN INK)	l student aid is  Date	olavs
*At least o *At least o Student Signarent Contine Office o	this workshed and correct. one parent whe gnature tact Informat of Financial Ai	subject to a et, I (we) certifno is on the FAF	y that a	fine up to	\$20,000, a prison  ormation report  Parent Signature  (MUST BI	sentence, or both.  ed to qualify for federa  gnature	l student aid is  Date	elays
*At least o *At least o Student Signarent Contine Office o	this workshed and correct. one parent whe gnature tact Informat of Financial Ai	subject to a et, I (we) certifno is on the FAF	y that a	fine up to	\$20,000, a prison  ormation report  Parent Signature  (MUST BI	sentence, or both.  ed to qualify for federa  gnature E SIGNED IN INK)	l student aid is  Date	elays
student Signarent Contine Office of processing arent Nam	this workshed and correct. one parent whe gnature tact Informat of Financial Ai	subject to a et, I (we) certifno is on the FAF	y that a	fine up to	\$20,000, a prison  ormation report  Parent Signature  (MUST BI	sentence, or both.  ed to qualify for federa  gnature E SIGNED IN INK)	l student aid is  Date	elays



I cortify that I

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**Telephone**: (785) 833-4315 **FAX**: (785) 404-1485 **Email**: finaid@kwu.edu

am the individual signing this Statement

#### SECTION E: IDENTITY VERIFICATION / STATEMENT OF EDUCATIONAL PURPOSE

INSTRUCTIONS FOR SUBMISSION OF THIS FORM: (Please read carefully.)

**Option 1:** Present this form IN PERSON to the Kansas Wesleyan University Office of Financial Aid along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). When you present this form to the KWU Office of Financial Aid, we will take a copy of your government photo identification and date received and name of the official who collected it.

**Option 2:** If you are unable to present this form in person to KWU Office of Financial Aid, you MUST SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC to have this form notarized. Notary publics can typically be found at banking institutions and government offices such as your local County Clerk.

**IMPORTANT:** Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. WARNING! If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a federal fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in and for this student's application for financial aid is complete and accurate.

### STATEMENT OF EDUCATIONAL PURPOSE

	(Student Printed Name)	and the marriadal signing this statement
•		ancial assistance I may receive will only be used for ansas Wesleyan University for the academic year of
Student Signature	Date	Student ID Number
NOTARY'S CERTIFICATE OF ACK (for those unable to appear in pe	NOWLEDGEMENT erson in the KWU Office of Financia	al Aid)
State of	, City/County	of
		otary's name),,
personally appeared (name of p	erson signing this form)	
and proved to me on basis of sa	isfactory evidence of identification	n (type of government-issued photo ID provided)
	to be the abov	ve-named person who signed the foregoing instrument.
WITNESS my hand and official se	al:	
		My commission expires on:
Notary Public's Signature		 Date