KANSAS WESLEYAN UNIVERSITY

Office of Financial Aid,
Pioneer Hall 190,
100 E. Claflin, Salina, KS 67401
Telephone: (785) 833-4315 ***FAX***: (785) 404-1485 ***Email***: finaid@kwu.edu

V5 Independent 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.

SECTION A: STUDENT INFORMATION

I 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

List the people in your household. ***Include***:

- ☐ Yourself, and your spouse if you have one, **and**
- ☐ Your children, if you provide more than half of your support between July 1st and June 30th of the current academic year**, and**
- ☐ Other people if they currently live with you, and you provide more than half of their support and will continue to provide more than half of their support between July 1st and June 30th of the current academic year.

*****If you need more spaces, please attach a sheet with additional family members listed. *****

Full Name	Age	Relationship to Student	College attending (current year)	Enrolled at Least Half Time (Y/N)
		Self	Kansas Wesleyan University	

Office Use Only:	#		#	Initials	

KWU Office of Financial Aid ONLY:
Verification completed in JFA student ISIR by _____ Date:_____
◯ Attach printout of completed final step.

◯ Entered on FAFSA Partner Portal by Initials _____ Date:_____
◯ Attach FAFSA Partner Portal print-out.

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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.

Initial to the left 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.

Student's (and Spouse's) Tax and Income Information		Office use only
	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 ******	
	I/We did not give consent and approval for FAFSA to obtain my/our income tax data; therefore, I/We attached a copy of my/our IRS Tax Return Transcript **OR** a signed copy of my/our Tax Return (1040) and associated schedules from the required FAFSA tax year. ***I understand that I must also provide a signed copy of a Tax Return for my spouse or significant other if he/she is listed in Section B of this form, even if we were not married when filing taxes because we are currently married or living together.***	
	I/We did not and will not file a U.S. Income Tax Return because (initial one option):	

	I/We had zero earned or taxable income in the required FAFSA tax year	***OR***		I/We had too little taxable income to be required to file a tax return. ***Please complete the table below and attach a copy of all W-2 forms for student and spouse.***	

Employer	Amount earned	W-2 Attached (Y/N)
	$	
	$	
	$	

SECTION D: SIGNATURES

WARNING: If you purposely give false or misleading information in establishing eligibility for federal student aid, you may be subject to a Federal fine up to $20,000, a prison sentence, or both.

By signing this worksheet, I (we) certify that all the information reported to qualify for federal student aid is complete and correct.

_____ _____

Student Signature **Date** **Spouse Signature (If required)** **Date**

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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

I certify that I _____ am the individual signing this Statement
(Student Printed Name)
of Educational 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 Kansas Wesleyan University for the academic year of this verification.

_____

Student Signature **Date** **Student ID Number**

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT
(for those unable to appear in person in the KWU Office of Financial Aid)

State of _____, City/County of _____

On this date of _____, before me (notary's name), _____,

personally appeared (name of person signing this form) _____,

and proved to me on 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:

My commission expires on:

_____ _____

Notary Public's Signature **Date**