

2023-24 Verification Worksheet

Independent

Your application was selected for review in a process called "Verification." In this process, HWS will compare information from your FAFSA with this worksheet and financial data you must submit. The law requires completion of Verification before awarding and/or disbursing federal aid. If there are differences between your FAFSA application and your verification documentation, electronic corrections to your FAFSA may be required. Contact us at (315) 781-3315 or finaid@hws.edu if you have questions.

INSTRUCTIONS

A. Student Information

- o Complete all sections of this worksheet in full.
- o If you or your spouse have filed a 2021 Federal Income Tax Return with the IRS:
 - If you have not already done so, log on to studentaid.gov/fafsa and use the IRS Data Retrieval Tool (DRT) to transfer your 2021 tax information to your 2023-24 FAFSA.
- o If your spouse was not required to file a 2021 Federal Income Tax Return with the IRS:
 - Attach a signed copy of spouse 2021 Verification of Non-Filing Letter with the student name and HWS ID on it.
- o Requested documents must be submitted within 21 days of the initial request to be considered for all available financial aid.

| Last Name First Name | Э | M.I. | HWSID | | | | | | | | |
|---|---|--------------|---------|--|--|--|--|--|--|--|--|
| B. Family Information *If more space is required, attach a separate page. | | | | | | | | | | | |
| Full N | Age | | | | | | | | | | |
| Write the names of the people in your parent(1. Include yourself on the first line. | Write the age of each family member in the chart below. | | | | | | | | | | |
| 2. Include your spouse, if you are married. | Relationship | | | | | | | | | | |
| Include your children or your spouse's chi more than half of their support between Ju | Write the relationship of each family member to the student in the chart below. | | | | | | | | | | |
| the children do not live with you. | College | | | | | | | | | | |
| Include other dependents, if they now live continue to provide more than half of their | Add the name of the college for any household member++ who will be enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution at least half-time any time between July 1, 2023 and June 30, 2024. | | | | | | | | | | |
| Full Name | Age | Relationship | College | | | | | | | | |
| (EXAMPLE) Missy Jones | 18 | Self | HWS | | | | | | | | |
| | | | | | | | | | | | |
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| C. Indeper | ndent Student's Information (all appl | icants)Student | Name | /HW | S ID: | | | | | |
|---------------------------|---|--------------------------|---|----------|------------|----------|--|-------------------------|--|--|
| | k the box that applies: | <u>Fi</u> | | | | | | | | |
| | filed/will file a 2021 Federal IRS Tax Return | n, Puerto Rican, o | Foreig | gn Inc | ome Ta | x Ret | turn. | | | |
| b. 🔲 I | was not employed, did not have income, a | nd was not requir | ed to fil | e a 2 | 021 Fed | leral I | IRS Tax Retur | n. | | |
| c. 🗆 1 | was employed and had income, but was no | ot required to file : | 2021 | Fede | ral IRS | Γay R | Peturn: | | | |
| о. <u> </u> | Complete the chart below: list employ | • | | | | | | | | |
| • | Attach copies of all 2021 W-2 and 10 | ` ' | | | | | | | | |
| CHART | I torm | | | | | | | | | |
| CHART ONLY IF BOX c | Name of Employer | Amount Earned in 2021 | 2021 W-2 and 1099 Forms received from employer? | | | | 2021 W-2 and 1099 Forms attached to this Form? | | | |
| ABOVE IS CHECKED | | \$ | Yes | | No | | Yes | | | |
| OHLONED | | \$ | Yes | | No | | Yes | | | |
| | | \$ | Yes | | No | | Yes | | | |
| * | If more space is required, attach a separate page. | | | | | | contact your en | nployer to | | |
| D. Spouse | 's Information | request | а сору | to pro | vide witl | 1 this | torm. | | | |
| | k the box that applies: | | | | | | | | | |
| | pouse filed/will file a 2021 Federal IRS Tax | Return Puerto R | ican o | r For | eian Inc | ome - | Tax Return | | | |
| u 0 | podos mod, wiii mo a 2021 i odorar mo raz | rrotarri, r dorto r | iouri, o | | oigii iiio | 01110 | rax rectarn. | | | |
| b . S | pouse was not employed, did not have inco | | require | ed to | file a 20 | 21 Fe | ederal IRS Tax | Return. | | |
| | Submit a 2021 IRS Verification of No | _ | | | | | | | | |
| c . ∟ S | pouse was employed and had income, but Complete the chart below: list employ | • | | | | | | | | |
| · | • Attach copies of all 2021 W-2 and 10 | , , | Julii illa | al was | s earried | 111120 | JZ I | | | |
| • | Out wit = 0004 IDO Verities of Ne | | | | | | | | | |
| | New Tea Files with 0004 and in the section | U | :4 | | N/ O/-> f | | | LINA/Oide dei- | | |
| COMPLETE CHART | Non-Tax Filers with 2021 earnings are feder form. | ally required to sub | nit a co | ру ог | /v-2(S) II | om ea | ich employer to | HWS WITH THIS | | |
| ONLY IF | Name of Employer | Amount | | | nd 1099 | | | 2021 W-2, 1099s and Non | | |
| BOX c ABOVE IS | | Earned in 2021 | | ed fro | om empl | oyer? | | tter attached? | | |
| CHECKED | | \$ \$ | Yes | \vdash | No | <u> </u> | Yes | | | |
| | *************************************** | | Yes | <u> </u> | No | | Yes | | | |
| | *If more space is required, attach a separate page. | | | | | | I-2, contact you his form. | r employer to | | |
| F Signatu | re-Manually sign with a ballpoint pen. | | | | | | | | | |
| • | i digital/electronic/typed signatures can | not be accepted | and wil | II be | returne | d. | | | | |
| | signing certifies that all the information reported | | | | | | ast one parent w | hose | | |
| | as reported on the 2023-24 FAFSA must sign a | | | r | aay ba fi | nad a | contonand to in | il or both | | |
| warning: ii yo | ou purposely give false or misleading inform | iation on this work | sneet, | you n | nay be n | nea, s | sentenced to ja | iii, or both. | | |
| Student's Sig | gnature: | | | | Date: _ | | | _ | | |
| Spouse's Sig | nature: | | | | Date: _ | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Print Spouse | 's Name: | | | | | | | | | |
| Snouse Dayt | ime Phone and/or Fmail: | | | | | | | | | |