

2021–2022 Independent Verification Worksheet



Student's First Name: _____ Student's Last Name: _____

Social Security Number: _____ Date of Birth: _____

Phone Number: _____ Email: _____

SECTION A – FAMILY INFORMATION

List the people in your household. Then, indicate those people in your household (excluding parents) who will be attending college **at least half time** between July 1, 2021, and June 30, 2022, and will be enrolled in a degree, diploma, or certificate program.

If you are an **independent** student, include:

- **Yourself.**
- **Your spouse** (if applicable).
- **Your children**, if you will provide more than half of their support from July 1, 2021, through June 30, 2022, even if they do not live with you.
- **Other people** if they now live with you **AND** you will provide more than half of their support and will continue to provide more than half of their support from July 1, 2021, through June 30, 2022.

FULL NAME	AGE	RELATIONSHIP	ATTENDING COLLEGE IN 21/22?		NAME OF COLLEGE ATTENDING
			Yes	No	
		Self	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	DigiPen Institute of Technology
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Note: We may require additional documentation if we have reason to believe that the information regarding household members enrolled in eligible postsecondary educational institutions is inaccurate.

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Student's Name: _____ Social Security Number: _____

SECTION B – 2019 STUDENT (AND SPOUSE IF APPLICABLE) TAX FILING STATUS:

Check the appropriate box:

- | | |
|--|---|
| <input type="checkbox"/> Student/Spouse FILED taxes for 2019
<u>Complete Section C – Student/Spouse Tax Filer</u> | <input type="checkbox"/> Student/Spouse DID NOT FILE and was not required to file a 2019 Federal Tax Return
<u>Complete Section D – Student/Spouse NON-Tax Filer</u> |
|--|---|

SECTION C – STUDENT (AND SPOUSE IF APPLICABLE) FILED 2019 TAXES:

Only complete Section C if the student/spouse **filed** taxes for 2019. If the student/spouse did not file, please proceed to Section D.

- Student has used the IRS DRT on the FAFSA to transfer 2019 income tax return information into the student's FAFSA.
- Student has **not yet used the IRS DRT** on the FAFSA but will use to the tool to transfer the 2019 IRS income tax return information into the student's FAFSA.
- Student is **unable or chooses not to use the IRS DRT** on the FAFSA and will instead provide the school with a 2019 IRS Tax Return Transcript.
 - Check if a 2019 Tax Return Transcript is provided.
 - Check if a 2019 Tax Return Transcript will be provided later.

SECTION D – STUDENT (AND SPOUSE IF APPLICABLE) DID NOT FILE AND WAS NOT REQUIRED TO FILE A 2019 FEDERAL TAX

Only complete Section D if the student/spouse **did not file** taxes for 2019. If the student/spouse filed taxes, please complete Section C.

- Student (Spouse) **DID NOT** earn income in 2019.
- Student (Spouse) **earned income in 2019** - Complete table below and provide a copy of W-2s from all employers listed.

EMPLOYER'S NAME	W-2 OR EQUIVALENT PROVIDED?		ANNUAL AMOUNT EARNED IN 2019
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

- Student (Spouse) **Verification of Non-Filing Letter is required:**
 - Check if a 2019 Verification of Non-Filing Letter is provided.
 - Check if a 2019 Verification of Non-Filing Letter will be provided later.

BY SIGNING THIS WORKSHEET, I CERTIFY THAT:

- All the information reported is complete and accurate at this time.

TYPED SIGNATURES ARE NOT ACCEPTABLE, please physically sign form.

Student Signature: _____ Date: _____