



/2023-2024 VERIFICATION WORKSHEET (Dependent)

Name: _____

Southeast ID #: _____

We received your FAFSA and it has been chosen for verification. The US Department of Education requires certain data from your FAFSA be verified for accuracy.

Southeast recommends completion of the verification process by June 15, 2023. Completing verification after this date will delay the processing of your financial aid. You will be required to make payments towards your account balance until your financial aid eligibility can be determined.

HOUSEHOLD INFORMATION:			
Who is a member of my household?			
1) Yourself 2) Your parent(s), (including step-parent) even if you do not live with your parent(s). Do not include your non-custodial parent. 3) Your parents' other dependent children if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024. 4) Other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support through June 30, 2024.			
<u>FULL NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>COLLEGE (attending at least half-time)</u>
<i>You (the student)</i>		Self	Southeast Missouri State University
		Parent/Step-Parent	<i>Not applicable for parent/step-parent</i>
		Parent/Step-Parent	<i>Not applicable for parent/step-parent</i>
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____
		<input type="checkbox"/> Sibling <input type="checkbox"/> Other: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, college: _____

Note: Attach a separate page to list additional individuals if necessary.

STUDENT INCOME INFORMATION: (CHECK ONE)		
<input type="checkbox"/> I did not work in 2021 ↓	<input type="checkbox"/> I worked & did not file Federal taxes for 2021 ↓	<input type="checkbox"/> I worked & filed Federal taxes for 2021 ↓
<i>No documentation required</i>	Provide a copy of all 2021 W2s <i>Were you self-employed? ___ No ___ Yes</i> <i>(W2's not required for self-employed income)</i>	<i>Provide your 2021 Tax Information</i> 1) Use the Data Retrieval Tool (DRT), or <i>(Return to the FAFSA to link to the IRS)</i> 2) Submit an IRS "Tax Return Transcript", or <i>(Request at www.irs.gov)</i> 3) Submit a signed 2021 Tax Return copy (1040)

Note: If you or your parent(s) did not file taxes, be sure to check the IRS income filing requirements to ensure you were not required to file, to prevent delays in processing. Income thresholds can be found on Table 1 at <https://bit.ly/2SfxDOT>.

Name: _____

Southeast ID #: _____

PARENT INCOME INFORMATION: (CHECK ONE)		
<input type="checkbox"/> Parent(s) did not work in 2021 ↓	<input type="checkbox"/> Parent(s) worked & did not file Federal taxes for 2021 ↓	<input type="checkbox"/> Parent(s) worked & filed Federal taxes for 2021* ↓
Provide a 2021 IRS "Letter of Non-filing" <i>(May request with IRS form 4506-T)</i>	Provide a 2021 IRS "Letter of Non-filing" and a copy of all 2021 W2s for your parent(s) Was your parent self-employed? ___No ___Yes <i>(W2's not required for self-employed income)</i>	Provide your parent's 2021 Tax Information 1) Use the Data Retrieval Tool (DRT), or (Return to the FAFSA to link to the IRS) 2) Submit an IRS "Tax Return Transcript", or (Request at www.irs.gov) 3) Submit a signed 2021 Tax Return copy (1040)

*If your parents filed a 2021 joint tax return and are now separated/divorced, in addition to the 2021 Tax Return, please include:
 1) A 2021 IRS "Wage and Income Transcript" on the parent used for the FAFSA; or
 2) All 2021 W2s for both parents

ADDITIONAL HOUSEHOLD INCOME:		
Note: All questions apply to student & parent/step-parent --- YOU MUST CHECK YES OR NO TO EACH QUESTION		
Child Support Received in 2021, by Parent/Step-parent <i>(List each child for which support is received.)</i> _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month
Child Support Paid in 2021, by Parent/Step-parent <i>(List each child for which support is paid.)</i> _____ _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month
Tax-deferred Pension/Savings in 2021 <i>(See: W-2 box 12, codes D E, F, G, H, or S)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____
Social Security/SSI	<input type="checkbox"/> No	<input type="checkbox"/> Yes
SNAP (Food Stamps)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Section 8 Housing/HUD	<input type="checkbox"/> No	<input type="checkbox"/> Yes
WIC/TANF (Temporary Assistance)	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Veterans' Non-educational Benefits	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month
Housing, Food, and Other Allowances Paid to Clergy/Military/Others	<input type="checkbox"/> No	<input type="checkbox"/> Yes \$ _____/month



Did you complete this form in its entirety? Incomplete/unsigned forms WILL be returned, and will delay processing.

CERTIFICATION AND SIGNATURES:	
By signing this worksheet I certify that all information is complete and correct, to the best of my knowledge.	
Student's Signature: _____	Date: _____
Parent's Signature: _____	Date: _____