St. Joseph's College of Nursing

Financial Aid Office
206 Prospect Ave
Syracuse, NY 13203
F: 315-448-5745

2022-23 Dependent Verification Worksheet
Federal Student Aid Programs

Your 2022-23 Free Application for Federal Student Aid (FAFSA) was selected for a process called *Verification* by the U.S Department of Education. The law states that colleges must verify the information you report on the FAFSA. To verify that you provided correct information, St. Joseph's College of Nursing will compare your FAFSA with the information on this worksheet and with any other required documents. If there are discrepancies, your FAFSA information may need corrections and could affect the student federal eligibility. The financial aid review process will be placed on hold until the verification is completed.

A. Student Information

_____   _____

Student's Last Name   First Name   M.I.   Social Security Number

_____   _____

Permanent Home Address

B. Household Information

Number of Household Members: List below the people in the <u>parent(s)' household</u>. Include:

- The student
- The parent(s)
- The parent(s)' other children if the parent(s) will provide more than half of the children's support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if a child does not live with the parent(s)
- Other people, if they now live with the parent(s), and the parent(s) provide more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2023
- Number in College: Include in the space below information about any household member, **excluding** the parent(s), who is**,** or will be**,** enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2022, and June 30, 2023, and include the name of the college.

Full Name	Age	Relationship	Name of College Enrolled at Least Half-Time
		Self	St. Joseph's College of Nursing

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

2022-23 Dependent Verification Worksheet
Federal Student Aid Programs

TAX FILERS ONLY

Parent(s) Tax Filers

Check one (1) box that applies. *You are required to submit all 2020 W2/1099, or all schedules, as applicable.

☐ The parent(s) <u>HAVE USED</u> the IRS Data Retrieval Tool (DRT) transferring 2020 IRS income tax return information into the student's FAFSA*.

☐ The parent(s) <u>HAVE NOT, BUT WILL USE</u> the IRS Data Retrieval Tool (DRT) in the *FAFSA*, but will use the <u>tool</u> to transfer 2020 IRS income tax return information into the student's FAFSA (recommended).

☐ The parent(s) are <u>unable or choose not to use</u> the IRS Data Retrieval Tool (DRT) in the *FAFSA*, and instead will provide the institution with one (1) of the following:

  ☐ **2020 <u>IRS Tax Return Transcript(s)</u>**
  ☐ **<u>Signed</u>** copy of the 2020 income tax returns and schedules
  ☐ Automated Telephone Request – 1-800-908-9946

Student Tax Filers

Check one (1) box that applies. *You are required to submit all 2020 W2/1099, or all schedules, as applicable.

☐ The student <u>HAS USED</u> the IRS Data Retrieval Tool (DRT) transferring 2020 IRS income tax return information into the student's FAFSA*.

☐ The student <u>HAS NOT, BUT WILL USE</u> the IRS Data Retrieval Tool (DRT) in the *FAFSA*, but will use the <u>tool</u> to transfer 2020 IRS income tax return information into the student's FAFSA (recommended).

☐ The student are <u>unable or choose not to use</u> the IRS Data Retrieval Tool (DRT) in the *FAFSA*, and instead will provide the institution with one (1) of the following:

  ☐ **2020 <u>IRS Tax Return Transcript(s)</u>**
  ☐ **<u>Signed</u>** copy of the 2020 income tax returns and schedules
  ☐ Automated Telephone Request – 1-800-908-9946

2022-23 Dependent Verification Worksheet
Federal Student Aid Programs

<u>Non-Tax Filers ONLY</u>

Complete this section if the parent(s) and/or student will not file and <u>are not required</u> to file a 2020 income tax return with the IRS.

Check the box that applies:

☐ The student and/or parent(s) were not employed and had no income earned from work in 2020.
☐ The student and/or parent(s) were employed in 2020, but not required to file 2020 taxes

Name	Employer's Name	Amount Earned
Student		
Parent		
	Total Amount of Income Earned From Work	$

Required Attachments for Non-Filers:

☐ I have requested the <u>Verification of Non-Filer Statement</u> (<u>Form 4506T</u>) from the IRS and have attached the confirmation received from the IRS, or
☐ I (and parent, if applicable) attempted, but was unable to obtain a Verification of Non-Filer Statement from the IRS dated on or after October 1, 2020, and attest, I did not file 2020 taxes.
☐ Attached all applicable W2s, 1099s

2022-23 Dependent Verification Worksheet
Federal Student Aid Programs

Additional 2020 Financial Information (Do not leave any boxes blank)

		Student	Parent
1.	Payments to tax deferred pension and savings plans (paid directly or withheld from earnings.) (W2 – Box 12 – Includes the following codes: D, E, F, G, H, S)	$	$
2.	Child support **received** for all children. Do not include foster or adoption payments.	$	$
3.	Child support **paid** by any member of the family to another household.	$	$
4.	Housing, food and other living allowances paid to members of the clergy or others.	$	$
5.	Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity. Compensation (DI) and/or VA Educational Work-Study allowances.	$	$
6.	Other untaxed income not reported, such as worker's compensation, disability, untaxed portions of health savings accounts from IRS Form 1040 Line 25, etc.	$	$
7.	Food Stamps – Supplemental Nutrition Assistance Program (SNAP) benefits any time during 2020 and/or 2021.	$	$

Certification and Signature

Each person signing below certifies that all of the information reported on it is complete and correct. A parent's signature is required.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

_____   _____
Print Student's Name   Student's ID Number

_____   _____
Student's Signature (Required)   Date

_____   _____
Parent's Signature (Required)   Date

To submit documents electronically in it's entirety, email financialaid@sjhcon.edu to request a secure upload link or fax to (315) 448-5745 within 7-10 business days.