**Westfield State University**

Please return form to:

Financial Aid Office

333 Western Avenue, Westfield, MA 01086

Tel: 413.579.3080 - Fax: 413.579.3019

financialaid@westfield.ma.edu

**2021-2022 Verification Worksheet**

PLEASE COMPLETE AND ATTACH **ALL** OF THE REQUESTED INFORMATION.

**STEP 1: Student Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name First Name M.I. Student’s Identification Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Street Address **(**include apt. no.) Date of Birth

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City State Zip Code Student’s Email Address

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Home Phone Number (include area code) Alternate or Cell Phone

**STEP 2: Family Information**

**INDEPENDENT STUDENTS**

* **A student is considered independent if he/she was not required to provide parental data on the FAFSA.**

Fill in the chart below. Be sure to include:

* Yourself
* Your spouse (if you are married)
* Your children, if you will provide more than half of their support between July 1, 2021 and June 30, 2022
* Other people, only if they live in your household and you will provide more than half of their support between July 1, 2021 and June 30, 2022

.

**DEPENDENT STUDENTS**

* **A student is considered dependent if he/she was**

**required to provide parental data on the FAFSA.**

Fill in the chart below. Be sure to include:

* Yourself and
* Your parent(s) (including a step-parent)
  + *You must include your parent(s) if you are a dependent student.*
* Other dependent children of your parent(s),
  + -**-If** your parent(s) will provide more than half of their

support from July 1, 2021, through June 30, 2022.

* Other people,
  + --**If** they now live with your parent(s) and your parent(s) will provide more than half of their

support between July 1, 2021 through June 30, 2022.

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL NAME** | **AGE** | **RELATIONSHIP** | **NAME OF COLLEGE/UNIVERSITY**  **(IF AT LEAST HALF-TIME FOR 2021-2022)** |
|  |  | You - the student | Westfield State University |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**OVER**

**STEP 3: STUDENT TAX & INCOME INFORMATION FOR THE 2019 CALENDAR YEAR.**

**Check ONLY ONE:**

I selected IRS data retrieval when completing the FAFSA.

Attached is a signed copy of my 2019 Federal Tax Return (1040), along with Schedules 1, 2, and 3, if applicable.

I did not work in 2019. (Independent students - attach Verification of Non-filing.)

I worked but was not required to file a 2019 Federal Tax Return.

***If you were not required to file a 2019 Federal Tax Return, please submit your W-2 form(s), and complete the chart below.*** (Independent students - attach Verification of Non-filing.)

|  |  |  |
| --- | --- | --- |
| **Employer’s Name** | **2019 Amount Earned** | **Attach IRS W2** |
|  |  |  |
|  |  |  |
|  |  |  |

**STEP 4: PARENT OR SPOUSE TAX & INCOME INFORMATION FOR THE 2019 CALENDAR YEAR.**

**Refer to the chart in STEP 2.** If you included a parent or spouse in your Family Information, you **must** complete this section. If parents or spouse filed a separate 2019 IRS income tax return, the IRS DRT cannot be used and the 2019 signed tax return must be provided for each. Please notify the financial aid office if there has been a change in marital status after 12/31/2019.

**Check ONLY ONE:**

I selected IRS data retrieval for my parent(s) or my spouse when completing the FAFSA.

Attached is a copy of my parent(s) or my spouse’s 2019 Federal Tax Return (1040), along with Schedules 1, 2, and 3, if applicable.

My parent(s) or my spouse did not work in 2019. (Attach Verification of Non-filing.)

My parent(s) or my spouse worked but was not required to file a 2019 Federal Tax Return.

***If your parent(s) or your spouse was not required to file a 2019 Federal Tax Return, please submit W-2 form(s), and complete the chart below.***  (Attach Verification of Non-filing.)

|  |  |  |
| --- | --- | --- |
| **Employer’s Name** | **2019 Amount Earned** | **Attach IRS W2** |
|  |  |  |
|  |  |  |
|  |  |  |

**STEP 5: CERTIFICATION** By signing this worksheet, I certify all of the information report is complete and correct.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent OR Spouse Signature (if applicable) Date