

2020-21 Independent Student Verification Worksheet

Your 2020-21 Free Application for Federal Student Aid (FAFSA) was selected for federal verification. By federal law, we are required to verify certain information you have reported on the FAFSA and collect required documents. Corrections to your FAFSA may be made once verification items are submitted and reviewed.

Return this form to the Office of Financial Aid within three weeks of receiving this notice. Financial aid will not be calculated and/or disbursed to your account until verification is completed.

| PART A - STUDENT INFORMATION | | | | | | | |
|---------------------------------|--|--------------------------------|--|--|--|--|--|
| 1. Name: | | | | | | | |
| 2. Permanent mailing address: _ | | | | | | | |
| 3. Home phone number: | Cell number: | | | | | | |
| 4. I am a (check only one): | ☐ Continuing Augustana student (previously enrolled) | ☐ First-time Augustana student | | | | | |
| 5. Augustana ID number (if know | n): | | | | | | |
| | | | | | | | |

PART B - VERIFICATION OF HOUSEHOLD SIZE/NUMBER IN COLLEGE List below the people in your household.

Please read the directions below. Each field in the chart must be completed. Include:

- Yourself (and your spouse, if you are married)
- Your children, if you will provide more than half of their support between July 1, 2020, and June 30, 2021, even if they do not live with you
- Other people if they now live with you AND you provide more than half of their support AND will continue to provide more than half of their support from July 1, 2020 through June 30, 2021

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary educational institution between July 1, 2020 and June 30, 2021.

| Based on the criteria above, list names of household members, including yourself. | | | Relationship to you | Will attend at least hal 2020-21 in certificate | lf-time in a degree or | Name of college this person will attend in 2020-21 |
|---|-----------|-----|---------------------|--|---------------------------|--|
| First Name | Last Name | Age | | Yes | No | |
| 1 | | | self /applicant | | | Augustana College |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |

If you and/or your spouse filed an amended return, filed for a tax extension, or have been a victim of taxpayer identity theft, please call the Office of Financial Aid at 309-794-7207.

| PART C - STUDI | ENT APPLICANT All students | s (and spouses, if married) must | complete Part C. Ch | eck onl | y the box that app | olies: | | | | | | |
|---|---|---|--|--------------------|--------------------------------------|---|--|--|--|--|--|--|
| | ☐ I/we filed/will file a 2018 tax return. If checked, go to Part D. | | | | | | | | | | | |
| | I/we did not/will not file a | I/we did not/will not file and am not required to file a 2018 tax return AND had no income.* If checked, go to Part D. | | | | | | | | | | |
| | | I/we did not/will not file and am not required to file a 2018 tax return AND had income.* List below all sources and amounts of income received in 2018. You must submit all 2018 W-2 forms if you did not/will not file a 2018 tax return. | | | | | | | | | | |
| | 2018 Student/S | Student/Spouse Income (non-tax filers only) W-2 ro | | | eceived for this income source? | | | | | | | |
| | Source/Amount | ount\$No | | | Yes ☐ (please attach copy) | | | | | | | |
| | Source/Amount | - <u></u> - | \$ No | 0 🗖 | Yes ☐ (please attach copy) | | | | | | | |
| | Source/Amount | | \$ No | 0 🗖 | Yes 🗖 (please a | ttach copy) | | | | | | |
| * NOTE | : Non-tax filers must obtain a " (Form 4506-T is enclosed/atta | verification of non-filing" letter from ached, if it is required.) | n the IRS. Complete I | Form 45 | 06-T and mail or f | ax to the IRS. | | | | | | |
| PART D- OTHE | R INFORMATION TO BE VEI | RIFIED Please respond to each | question. Enter a 2 | zero (o) | if the question | does not apply. | | | | | | |
| including, but n codes D, E, F, G | not limited to, amounts repo 6, H and S. <u>Do not</u> include ar | savings plans (paid directly or w rted on the W-2 forms in boxes nounts from Code C or Code DE 2018 W-2 form(s) when comple | 12a through 12d,). <u>Do not</u> include | ngs), | Student \$ | Spouse \$ | | | | | | |
| 2018 child supp care or adoptio | ort received for all children n payments. | 9 | \$ | _ \$ | | | | | | | | |
| (including cash | ood and other living allowan payments and cash value o g or the value of a basic mili | ners | \$ | _ \$ | | | | | | | | |
| PART E - CERT | IFICATION AND SIGNATUR | E(S) | | | | | | | | | | |
| provide proof the data to complete ed financial aid | nat the information is correcte the application. I/We reali | nation reported is true and corr t. I/We allow the financial inforr ze that until all requested infor ent account. I/We authorize Aug ocessing Center. | mation provided to mation has been su | be disc ubmitte | ussed with all pa d, reviewed and | arties who provided verified, no estimat- | | | | | | |
| Studen | t's Signature | Printed Student Name | ; | Date | | | | | | | | |
| Spouse | e's Signature | | | | Date | | | | | | | |