

2022–2023 Verification Form

SECTION A: DIRECTIONS TO FOLLOW

Your financial aid application has been selected for the federal verification process. You are required to complete this form and submit the required tax documents to Financial Aid Services. Use a copy of your Free Application for Federal Student Aid (FAFSA) application or your 2022-2023 Student Aid Report as a reference in answering the questions on this Verification Form. **In general, if you were required to provide parent data to complete the FAFSA, you must complete the PARENT sections of this form.**

SECTION B: STUDENT DEMOGRAPHIC INFORMATION

Name: _____ USF ID # or SSN: _____ - _____ - _____ Birth Date: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Home Telephone: (_____) _____ Cell Phone: (_____) _____
 Email Address: _____

SECTION C: FAMILY HOUSEHOLD INFORMATION

List all people who will live in your or your parent(s)' household and **receive over 50 percent** support during the period July 1, 2022 through June 30, 2023. Please state below the name, relationship to you (i.e., mother, father, brother) and age of the person. If the person will be attending a college or university on at least a 1/2-time basis as a degree-seeking student, list the name of the institution that person will be attending.

Dependent students: include your parents and those people supported by and living with your parent(s). **Independent students:** include those people supported by and living with you (and your spouse).

NAME	RELATIONSHIP TO YOU	AGE	COLLEGE/UNIVERSITY FAMILY MEMBER WILL ATTEND
USF Student: _____	Self _____	20 _____	University of St. Francis _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION D: FEDERAL TAX FILING STATUS

STUDENT (and SPOUSE) (Check which box applies)

- I/we have filed a 2020 IRS Form 1040 and understand that a Federal IRS Tax Return Transcript or a signed copy of tax return form with all applicable schedules must be provided to Financial Aid Services.
- I/We will not file and are not required to file a 2020 IRS Form 1040.

If you worked, but were not required to file a 2020 federal tax return, list your employer(s) and the amount of income earned by you and your spouse (if applicable) during 2020.

Employer	Amount
_____	\$ _____
_____	\$ _____

YOUR PARENT(S) (Check which box applies)

- My parent(s) have filed a 2020 IRS Form 1040 and understand that a Federal IRS Tax Return Transcript or a signed copy of tax return form with all applicable schedules must be provided to Financial Aid Services.
- My parent(s) will not file and are not required to file a 2020 IRS Form 1040.

If your parents worked, but were not required to file a 2020 federal tax return, list the employer(s) and the amount of income earned by your parents (if applicable) during 2020.

Employer	Amount
_____	\$ _____
_____	\$ _____

SECTION E: INCOME EXCLUSIONS

<u>STUDENT (and SPOUSE)</u>	Do not leave any items blank. If the item is zero (0), write or indicate a zero (0).	<u>YOUR PARENT(S)</u>
\$ _____	Education credits (American Opportunity and Lifetime Learning tax credits) from IRS Form 1040 - Schedule 3 - line 3	\$ _____
\$ _____	Child support paid by you (your spouse) or your parents because of divorce or separation. Do not list support for a child residing in your household.	\$ _____
\$ _____	Taxable earnings from Federal College Work-Study or other need-based employment positions of fellowships or assistantships.	\$ _____
\$ _____	Taxable college grant and scholarship aid reported to the IRS as income. Includes AmeriCorps benefits as well as grant and scholarship portions of fellowships and assistantships.	\$ _____
\$ _____	Taxable Combat pay or special combat pay reported to the IRS in the Adjusted Gross Income on the 2020 tax form.	\$ _____
\$ _____	Earnings from work under a Cooperative Education Program offered by a college or university.	\$ _____
\$ _____ TOTAL		TOTAL \$ _____

SECTION F: UNTAXED INCOME INFORMATION

<u>STUDENT (and SPOUSE)</u>	Do not leave any items blank. If the item is zero (0), write or indicate a zero (0).	<u>YOUR PARENT(S)</u>
\$ _____	Payments to tax-deferred pension/savings plans (paid directly or withheld from earnings), including but not limited to, amounts reported on the W2 Form in boxes 12a-12d, codes D, E, F, G, H & S, and untaxed portions of 401(k) and 403(b) plans.	\$ _____
\$ _____	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS form 1040 Schedule-1, total of lines 15 + 19.	\$ _____
\$ _____	Child support received for all children. <i>(Not foster care or adoption payments)</i>	\$ _____
\$ _____	Tax exempt interest income from IRS Form 1040-line 2a.	\$ _____
\$ _____	Untaxed portions of IRA distributions and Pensions from IRS form 1040-lines (4a + 5a) minus lines (4b+5b). If the distribution was a Rollover, check this box: <input type="checkbox"/>	\$ _____
\$ _____	Housing, food, and other living allowances paid to members of the military, clergy, and others.	\$ _____
\$ _____	Veterans non-educational benefits, such as Disability, Death Pension, DIC or Workstudy allowances.	\$ _____
\$ _____	Other untaxed income not reported elsewhere such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-Schedule 1-line 12.	\$ _____
\$ _____	Money received, or paid on your behalf (e.g, bills), not reported elsewhere.	\$ _____
\$ _____ TOTAL		TOTAL \$ _____

SECTION G: CERTIFICATION STATEMENT

I/We hereby certify that all of the information provided on this USF Verification Form is true and correct to the best of my/our knowledge and that all forms of income for our family household has been reported. I/We understand that the information provided on this form will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I/We allow the financial information provided for this applicant to be discussed with all parties for which data was required to complete the application. I, the student, further certify that I have received my high school diploma or G.E.D. certificate and that I will be enrolled in a degree-seeking program at USF. I realize that my eligibility for financial assistance is not finalized until all requested verification documents have been received and reviewed by Financial Aid Services. I, the student, realize that I must report any changes in enrollment status or living arrangements to Financial Aid Services immediately.

Student Applicant's Signature

Date

Parent Signature

Date

**Return the completed form
and required tax documents to:**

FINANCIAL AID SERVICES
University of St. Francis
500 Wilcox St.
Joliet, IL 60435



500 Wilcox Street, Joliet, Illinois • stfrancis.edu

Fax number: (815) 740-3822
Toll free: (866) 890-8331
Office e-mail: finaid@stfrancis.edu