

A. Independent Student's Information (please print): (Sections A - D must be completed)

2020-2021 Independent Verification Worksheet Federal Student Aid Programs

V1/V5

Your 2020–2021 Free Application for Federal Student Aid (FAFSA) was selected by the Department of Education for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must submit the completed form and other required documents to the Office of Student Financial Services. Please include your name and student ID number on all documents. The office may ask for additional information if necessary. If you have questions about verification, contact the Office of Financial Aid as soon as possible so that your financial aid will not be delayed.

tudent's Last Name	Student's First Name	Student's M.I.	Student's Social Securit	Student's Social Security Number AND Student Number			
tudent's Street Address (incl	ude apt. no.)		Student's Date of Birth				
ity	State	Zip Code	Student's Email Address	s			
tudent's Home Phone Number (include area code)			Student's Alternate or C	Student's Alternate or Cell Phone Number			
B. <u>Independent Stu</u>	ident's Family Informa	ation_					
List the people in your l	nousehold including:						
 Your children, and/o 							
 Other people if they 2021. Write your name on the who will be attending a 		Ill household members in the soloma, or certificate program a	sport and will continue to provide in spaces below. Then, write in the introduction and eligible postsecondary education.	name of the college	for any household member y time between July 1, 2020		
 Other people if they 2021. Write your name on the who will be attending a 	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page. RELATIONSHIP	spaces below. Then, write in the latest an eligible postsecondary education	name of the college	for any household member		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page.	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any	for any household member y time between July 1, 2020 Will be Enrolled at		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page. RELATIONSHIP	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any	for any household member y time between July 1, 2020 Will be Enrolled at		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page. RELATIONSHIP	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any	for any household member y time between July 1, 2020 Will be Enrolled at		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page. RELATIONSHIP	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any	for any household member y time between July 1, 2020 Will be Enrolled at		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y	e first line, and then names of <u>a</u> t <u>least half time</u> in a degree, dip ou need more space, attach a	III household members in the soloma, or certificate program a separate page. RELATIONSHIP	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any	for any household member y time between July 1, 2020 Will be Enrolled at		
Other people if they 2021. Write your name on the who will be attending a and June 30, 2021. If y FULL NAME SNAP BENEFITS RE documentation of the	e first line, and then names of a t least half time in a degree, dip ou need more space, attach a second and the space in	III household members in the soloma, or certificate program a separate page. RELATIONSHIP SELF of my household, listed in Section 018 and/or 2019.	spaces below. Then, write in the total an eligible postsecondary education.	name of the college ational institution any or any	for any household member y time between July 1, 2020 Will be Enrolled at Least Half Time 19. If requested, I will provide		

C. Tax Forms and Income Information

	dent ck one	IF YOU FU LOAFS					Spouse Check one				
		I <u>have used</u> the IRS Data Retrieval Tool to retrieve and transfer my 2018 IRS income information into the student's FAFSA. Proceed to Untaxed Income below.									
		I <u>have not used</u> the IRS Data Retrieval Tool when filing the FAFSA on the web. I have attached my <u>2018</u> U.S. <u>Tax Return Transcript</u> to this worksheet. Please note that a tax return transcript is not the same as your original 1040 tax filing. To request a <u>Tax Return Transcript</u> , online or by mail, from the Internal Revenue Service go online to <u>www.IRS.gov</u> . Make sure to request the "IRS Tax Return Transcript", <u>not</u> the "Tax Account Transcript". Transcripts can be ordered via their Automated Telephone Request service at 1-800-908-9946. If using the Paper Request Form 4506T-EZ or 4506-T, first, send the transcript to your own address, and then turn in a copy with your verification form. Verification cannot be completed until all transcripts are in. Proceed to Untaxed Income below .									
		IF YOU DID NO	FILE TAXE	ES - <u>a non-file</u>	ers statement from the IRS is required						
		Check here if you and/or your spouse worked, but did not file, and were not required to file, a 2018 Federal Income Tax Return. List the name of all employers and wages received in 2018 below. Attach a separate page if needed. Copies of W2s ARE REQUIRED. Proceed to both Untaxed Income and section D below.									
Student's Employer(s)		2018 Wages	W2 Required	Spouse's Employer(s)	2018 Wages	W2 Required					
				YES			YES				
			YES			YES					
		Check here if you or both you and your spouse were <u>not employed</u> and had no income earned from work in 2018. A non-filers statement from the IRS is required. Proceed to <u>both</u> Untaxed Income and section D below.									
Stu	dent						Spouse				
\$		Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Don't include amounts reported in code DD *** Attach W2(s)***									
\$		IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040 Schedule 1 - total of lines 28 + 32									
\$		Child Support received for all children in your household in 2018. Do not include foster care, adoption payments, or any amount that was court-ordered but not actually paid. You may be requested to supply documentation.									
\$		Tax Exempt interest income from IRS Form 1040 (line 2a).									
\$		Untaxed portions of IRA distributions and pensions from IRS Form 1040 (line 4a minus line 4b). Exclude Rollovers. If negative, enter a zero here.									
\$		Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.									
\$		Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.									
\$		Other untaxed income or benefits not reported elsewhere, such as workers compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1- line 25. Don't include foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, SSI, WIA educational benefits, on-base military housing or a military housing allowance, combat pay, or benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.									
\$		Money received or paid on your behalf (for bills in your name) not reported elsewhere on this form. Include 529 plan that is owned by someone other than your parents (such as grandparent, aunt, or uncle.)									
D.	D. Household Resources/Documentation of Support (If you reported low or no earned income, this section must be completed. Please attach explanation.)										
	student	t we can fully understand a student's family financial situation, please provide information about any other resources, benefits, and other amounts received by the at and any members of the student's household on a separate sheet or attach documentation. Include support received that was not required to be reported on the A or other forms submitted to the financial aid office. This should include Social Security benefits, financial aid refunds, Federal Work/Study, etc.									
E.	<u>Sign t</u>	gn this Worksheet									
	By signing this worksheet you are certifying that all the information reported, to qualify for Federal student aid, is complete and correct. Please sign and date the worksheet below. WARNING: If you purposely give false or misleading information worksheet, you may be fined, be sentenced to jail, or both.										
	Student	udent Date									
	Spouse	use (optional) Date									

Please note that processing may take 3 – 4 weeks after documents are received especially during peak processing.

MAIL, FAX, OR EMAIL THIS FORM

Marion Military Institute
Office of Financial Aid
1101 Washington Street
Marion, AL 36756

bcrawford@marionmilitary.edu jwilson@marionmilitary.edu (334) 683-2383 (Fax)