

2018-2019 Verification Worksheet (Dependent)

Section 1 – Student Information:

Last Name: _____ First Name: _____

Student ID Number: _____

Permanent Address:

Street & Number: _____

City/State/Zip: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2 – Family Information:

List below the people in the parents' household. Please include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parents 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, 2019.

Also include in the space below information about any household member **excluding the parents** who is, or will be, enrolled *at least half time* in a degree, diploma, or certificate program at an eligible post-secondary educational institution any time between July 1, 2018, and June 30, 2019, and include the name of the college.

Family Information Table (you may use a separate page if needed, please include name and ID):

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self</i>	<i>Felician University</i>	

Section 3 – Income Verification:

Student:

- a. I have filed a 2016 IRS Tax Return
- b. I did not file a 2016 IRS Tax Return
 - i. I was not employed and did not earn income from work in 2016.
 - ii. I was employed in 2016.

Employer Name	2016 Amount Earned	IRS W-2 Attached?

Parent:

- a. They have filed a 2016 IRS Tax Return
- b. They did not file a 2016 IRS Tax Return
 - i. They were not employed and did not earn income from work in 2016.
 - ii. They were employed in 2016.

Employer Name	2016 Amount Earned	IRS W-2 Attached?

Section 4 – Certification:

By signing this worksheet, I or We (the student and parent providing information on the 2018-2019 Free Application for Federal Student Aid) certify that all of the information reported is complete and correct to the best of my or our knowledge. I or We understand that if I or we purposely provide false or misleading information on this document, I am, or we are liable for the cancellation or repayment of all or part of my financial aid. This form requires at least one parent signature, if the parents' information was given to complete the FAFSA form.

Student Signature: _____ Date: _____
Student Name (Please Print): _____ Student ID Number: _____
Parent Signature: _____ Date: _____
Parent Name (Please Print): _____

Return Address and Phone Numbers:

Felician University
Financial Aid Office
262 South Main Street
Lodi, NJ 07644
Phone: 201-559-6010
Fax:201-559-6025