

2022-23 V-1 Verification Worksheet

Student Information			
Student Name:			
Student ID:	Date of Birth:		
Student Email:	Student Phone Number:		
Student Address:			

****** IMPORTANT: Please read before proceeding. ******

Your 2022-23 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. In this process, the Financial Aid Office will compare your FAFSA with the information on this form and with any other required documents. Federal law requires us to compare this information before awarding federal aid. If there are differences between your FAFSA and Verification documents, we will make the corrections electronically. We may request additional information. If you have questions about the Verification process, contact us as soon as possible so that your financial aid will not be delayed.

What you should do:

• Complete both sides of this form in their entirety. Answer all questions; if the situation does not apply to you, enter zero or N/A.

• Sign the form.

• Submit the form and all other required documents to Southern West Virginia Community and Technical College

A. Family Information	on				
Dependent Students		Independent Students			
 Dependent Students List everyone in your parents' household, including: Yourself; Your parents (including stepparent); Your parents' other children, even if they don't live with your parents, if your parents will provide more than half of their support from July 1, 2022 through June 30, 2023; Other people, if they now live with your parents, and your parents will provide more than half of their support from July 1, 2022 through June 30, 2023. 		 List everyone in your household, including: Yourself; Your spouse, if you are married; Your children, even if they do not live with you, if you will provide more than half of their support from July 1, 2022 through June 30, 2023; 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, 2022 through June 30, 2023. 			
				List the college name for any household your parents, who will be enrolled at lea degree, diploma, or certificate program a postsecondary educational institution and 1, 2022 and June 30, 2023.	st half time at an eligibl
Full Name	Age			Will be Enrolled at Least Half Time	
		Se	elf	Southern WV Community & Tech College	Yes

B.Student Tax Forms and Income Information			
 (No tax transcripts are required if DRT was used I will file, but I have not yet completed my return I am not going to file because I am not required to the second second	Transcript is attached. ne IRS Data Retrieval Tool (DRT) on the FAFSA. .) n. to do so. (Complete question B2)		
 If you were paid for working in 2020 and are not reclist the employers/sources of income and the amount page if necessary. Attach W-2 forms, if applicable. 			
Name of Employer/source	Amount of Income Received \$		
Name of Employer/source	Amount of Income Received \$		
 Complete all of the following items. Do not leave an or the value is negative. Total balance of cash, savings, and checking accounts at the tim Investments net worth at the time you completed the FAFSA: Businesses and/or investment farms net worth at the time you completed the you completed the	ne you completed the FAFSA: \$ \$		
C.Parent Tax Forms and Income Inf	Cormation (Dependent Students Only)		
 For 2020, have your parents completed your Federal 1040EZ)? My parents have completed their return and a Ta My parents have completed their return and used (No tax transcripts are required if DRT was used My parents will file, but they have not yet compl My parents will not file and are not required to d If your parents were paid for working in 2020 and ar return, list the employers/sources of income and the approximation of the second se	ax Transcript is attached. I the IRS Data Retrieval Tool (DRT) on the FAFSA. .) leted my return. lo so. (Complete question C2) re not required to file a 2020 Federal IRS income tax		
separate page if necessary.			
Attach W-2 forms, if applicable. Name of Employer/source	Amount of Income Received \$		
Name of Employer/source	Amount of Income Received \$		
 Complete all of the following items. Do not leave an or the value is negative. Total balance of cash, savings, and checking accounts at the tim Investments net worth at the time you completed the FAFSA: Businesses and/or investment farms net worth at the time you completed the you completed the time you completed the you completed	ne you completed the FAFSA: \$\$		
D.Spouse Tax Forms and Income Inf	formation (Married Students Only)		
 1. For 2020, has your spouse completed his/her Federal 1040EZ)? My spouse and I have completed a joint tax in My spouse and I have completed our return in FAFSA. (No Tax Transcripts are required if My spouse has completed his/her return and My spouse will file, but he/she has not yet completed for the spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse has completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse has completed his/her return and My spouse has completed his/her return and My spouse will file, but he/she has not yet completed his/her return and My spouse has completed his/her return and My spouse has completed his/her has not yet completed his/her return and My spouse has completed his/her has not yet completed his/her return and My spouse has completed his/her return and My spouse has completed his/her return and My spouse has completed his/her has not yet completed his/her return and My spouse has completed his/her return and My spouse has completed his/her return and My spouse has completed his/her has has has has has has has has has has	I IRS Income Tax Return (Form 1040, 1040A, or return and a Tax Transcript is attached. and used the IRS Data Retrieval Tool (DRT) on the DRT was used.) a Tax Transcript is attached.		

2. If your spouse were paid for working in 2020 and a	are not required to file a 2020 Fe	ederal IRS income tax
return, list the employers/sources of income and the	amounts of all income receive	d in 2020. Attach a
separate page if necessary.		
Attach W-2 forms, if applicable.		
Name of Employer/source	Amount of Income Receiv	ed \$
Name of Employer/source Amount of Income Received \$		ed \$
3. Complete all of the following items. Do not leave or the value is negative.	any amount blank; write "0" if	the item does not apply
Total balance of cash, savings, and checking accounts at the ti	me you completed the FAFSA:	\$
Investments net worth at the time you completed the FAFSA:		\$
Businesses and/or investment farms net worth at the time you	completed the FAFSA:	\$

The student certifies that a member of her/his or her/his parents' (if dependent) household received benefits from the SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM or SNAP (formerly known as food stamps

□ One of the persons included in my household on the FAFSA received SNAP benefits in 2020.

F. Child Support Information (if applicable)

One of the parents included in the household or the student paid child support in 2020. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, and the total amount of child support that was paid in 2020 for each child. If more space is needed, provided a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid	Name of Person to Whom	Name of Child for Whom	Amount of Child
Child Support	Child Support was Paid	Support Was Paid	Support Paid in 2019
Marty Jones	Chris Smith (example)	Terry Jones	\$6,000

G. Agreement and Understanding

E.SNAP Information

By signing this worksheet, you certify that all of the information reported on this form is true and accurate to the best of your knowledge. If requested, you agree to provide proof of the information that you have reported on this form. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. Typed, copied, or electronic signatures will not be accepted.

Student Signature:	Date:
Parent Signature (Dependents Only):	Date:

******If you are dependent student, you are required to list your parents in the table in *Family Information Section*. In addition, you must have a parent signature.

OPTIONS TO SUBMIT VERIFICATION FORMS AND OTHER DOCUMENTATION

EMAIL	FAX	In person	Mail
Scan and submit to	(304) 792-7113	Please visit one of our campus locations to see	SWVCTC C/O Financial Aid
financialaid@southernwv.edu		financial aid representative in person	PO Box 2900 Mt. Gay WV 25637

For more information visit: www.southernwv.edu

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Southern WV Community & Technical College is accredited by The Higher Learning Commission. AA/EO/ADA Institution. Southern is an Affirmative Action/ADA/Equal Opportunity Employer. Southern does not discriminate on the basis of race, color, national origin, ethnicity, sex, disability, age, religion, gender, sexual or gender orientation, marital status, and veteran status in the administration of any of its educational programs, activities, or with respect to admission or employment. Faculty, staff, students, and applicants are protected from retaliation from filing complaints or assisting in an investigation. Please contact the following concerning inquiries regarding non-discrimination policies and complaints: Title IX Coordinator-Darrell Taylor 304.896.7432; Affirmative Action Officer-Doug Kennedy 304.896.7408; Section 504 ADA Coordinator-Diarnal Toler 304.896.7315