

Office of Financial Aid 900 Lakewood Avenue Lakewood, NJ 08701-2697 Tel: 732.987.2258 Fax: 732.987.2023 www.georgian.edu

2021-2022 V5 Dependent Verification Worksheet STUDENT INFORMATION M.I. Date of Birth Last Name (please print) First Name XXX-XX-Student ID Last 4 Digits of Social Security # Telephone Number to best reach you **HOUSEHOLD INFORMATION** List the people in your parents' household according to the below instructions: The student. The parents (including a stepparent) even if the student does not live with the parents. The parents' other children if the parent will provide more than half of the children's support from July 1, 2021, through June 30, 2022, or if the other children would be required to provide parental information if they were completing a FAFSA for 2021-2022. 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, 2022. Include college name in the space below for any family member who will be enrolled in a degree, diploma, or certificate program at a postsecondary institution at least half time between July 1, 2021 and June 30, 2022. **AGE FULL NAME** RELATIONSHIP TO YOU COLLEGE **SELF** GCU 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. STUDENT'S INCOME INFORMATION TO BE VERIFIED Instructions in retrieving required tax documents are on back of the page. ☐ You have used the IRS Data Retrieval Tool on the FAFSA (DO NOT list income below). ☐ You are submitting a 2019 Tax Return Transcript (DO NOT list income below). ☐ You worked in 2019 but were not required to file. List all 2019 employer and income information below. Provide your 2019 Wage & Income Transcript from the IRS. ☐You did not work in 2019. EMPLOYER'S NAME/INCOME SOURCE 2019 INCOME PARENT'S INCOME INFORMATION TO BE VERIFIED Instructions in retrieving required tax documents are on back of the page. ***YOU MUST INCLUDE INCOME INFORMATION FOR BOTH YOUR UNMARRIED PARENTS WHO LIVE IN THE SAME HOUSEHOLD***

□Your parent(s) did not work in 2019.

EMPLOYER'S NAME/INCOME SOURCE

2019 INCOME

☐ Your parent(s) worked in 2019 but were not required to file. List all 2019 employer and income information below. Provide their 2019 Wage &

☐ Your parent(s) have used the IRS Data Retrieval Tool on the FAFSA (DO NOT list income below). ☐ Your parent(s) are submitting a 2019 Tax Return Transcript (DO NOT list income below).

Income Transcript from the IRS.

ADDITIONAL FINANCIAL INFORMATION	PARENT	STUDENT
1. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings). Please refer to Box 12 of your W-2('s). If blank, then put \$0.	\$	\$
Child support <u>received</u> for all children in 2019. Don't include foster or adoption payments.	\$	\$
Housing, food and other living allowances paid to members of the clergy, military or others	\$	\$
4. Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Comprehensive, and/or VA Educational Work-Study allowances.	\$	\$
5. Other untaxed income not reported such as worker's compensation, disability (not SSD or SSI), untaxed portions of health savings accounts (refer to IRS 1040 form, line 25) etc.	\$	\$
STUDENTS AND PARENTS WHO REPORT N	I I O SOURCE OF INCOME MAY BE REOUIR	ED TO FURTHER SUBSTANTIATE HOW
The only acceptable methods to submit Form OR 1. Directly importing 2019 IRS inform OR 2. By submitting a copy of your 2019 please visit https://www.irs.gov/i information, please call the IRS at By signing below, I/we certify the information Financial Aid to perform necessary electronic I on this form or on my FAFSA. I/we realize that reduction, withdrawal, and/or repayment of minformation, I/we may be fined, sentenced to proceed the sentence of the sen	PTAX RETURN TRANSCRIPT. To request ndividuals/get-transcript. *If you are had 1-800-829-1040.* reported on this worksheet is complete an ad SIR corrections on my behalf. I/we agree to any false statement or failure to give proof my financial aid. I/we also understand if we piail or both. If you are a dependent student,	ugh the IRS Data Retrieval Tool. a 2019 TAX RETURN TRANSCRIPT, aving issues retrieving your 2019 tax accurate and authorize the Office of provide proof of any information reported when asked may be cause for denial, burposely give false or misleading
Student Signature D	ate Parent Signature	Date
STUDENT – HIGH SCHOOL COMPLETION S Provide one of the following documents that it taking classes at Georgian Court University. P Copy of your high school diploma Copy of your final official high school transcomposition of your General Educational Developer An academic transcript that indicates that you full credit toward a bachelor's degree (Please evaluation of your transcripts)	ndicate you have, or will have a high school lease check the box indicating the documen cript that shows the date the diploma was ament (GED) certificate or GED transcript you successfully completed at least a two-year	t you are providing: warded ear college program that is acceptable for
☐ If a State law requires a homeschooled studies high school diploma or its recognized equivale		·

parent or guardian

☐ I do NOT have a high school diploma or GED IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED IN PERSON AT THE CAMPUS FINANCIAL AID OFFICE)	
You must appear in person at the Office of Financial Aid to verify your identity by p identification (ID) such as, but not limited to, a driver's license, other state-issued I maintain a copy of your photo ID with the date it was received and the institutional	D or passport. The Office of Financial Aid will
In addition, you must sign, in the presence of an authorized staff member in the Of	ffice of Financial Aid the following:
Statement of Educational Purpos	se e
I certify that I,, am the individual signing to federal student financial assistance I may receive will only be used for educational Georgian Court University for the 2021-22 academic award year.	
Student's Signature	Date
Office Use Only/Staff Initials	

By signing below, I/we certify the information reported on this worksheet is complete an accurate and authorize the Office of Financial Aid to perform necessary electronic ISIR corrections on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information, I/we may be fined, sentenced to jail or both. If you are a dependent student, one parent must sign below.

Student Signature	Date	Parent Signature	Date

<u>IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u> (TO BE SIGNED WITH A NOTARY)

If you are unable to appear in person at the Office of Financial Aid at Georgian Court University to verify your identity, you must provide:

- a. A copy of the valid government issued photo identification (ID) that is acknowledged in the notary statement below such as, but not limited to, a driver's license, other state-issued ID or passport; and
- b. The original notarized Statement of Educational Purpose provided below

Statement of Educational Purpose				
	nay receive will only be used for e	ual signing this Statement of Education Purpose aducational purposes and to pay the cost of atter		
Student's Signature		Date		
	Notary's Certificate of Ac	knowledgement		
State/of				
City/County of		 -		
On, be	efore me,(Notary's name)			
Personally appeared,(Printed name	of signer)	, and provided to me on basis		
of satisfactory evidence of identific	ration(Type of government-issued pho			
to be the above-named person who	o signed the foregoing instrum	nent.		
WITNESS my hand and official seal (seal)	l			
		(Notary signature)		
	My com	mission expires on		

(date)