

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

				V1 In	2021-2022 Independent Verification Worksheet	
STUDENT INFORMATION						
					/	
Last Name (please print)	First Name		M.I.	Date of Birth		
	XXX-XX-					
Student ID	Last 4 Digits of Social Security #			Telephone Number to best reach you		
HOUSEHOLD INFORMATION	List the people in your student's household according to the below instructions:					
• The student.						
 The student's spouse, if the st The student's or spouse's child through June 30, 2022, even if 	dren if the student			lf of the ch	nildren's support from July 1, 2021,	
Other people if they now live v	with the student ar	nd the student or	spouse provide mo	re than ha	alf of the other person's support and will	
continue to provide more than			-		l le l le	
 Include college name in the sp postsecondary institution at le 	·			olled in a d	legree, diploma, or certificate program at a	
FULL NAME	.ust hall time betw	AGE	RELATIONSI	HIP TO YO	OU COLLEGE	
1.		7102	SEI		GCU	
2.			<u> </u>			
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
STUDENT'S INCOME INFORMAT	ION TO BE VER	IFIFD Instructi	ions in retrieving r	equired ta		
☐ You have used the IRS Data Retrieval				equil eu tu	A documents are on back of the page.	
NOTE: If the student and spouse filed so		•	•	not be used	d and the 2019 IRS Tax Return	
Transcript(s) must be provided for each						
☐ You are submitting a 2019 Tax Return						
You worked in 2019 but were not req	luired to file. List al	ll 2019 employer	and income inform	ation belov	w. Provide your 2019 Wage & Income	
Transcript from the IRS. □You did not work in 2019.						
EMPLOYER'S NAME,		2019 INCOME				
T .			1			

ADDITIONAL FINANCIAL	INFORMATION		
Payments to tax deferred pension and or withheld from earnings). Please referblank, then put \$0.		\$	
Child support <u>received</u> for all children or adoption payments.	in 2019. Don't include foster	\$	
3. Housing, food and other living alloward clergy, military or others	ces paid to members of the	\$	
4. Veteran's non-education benefits such or Dependency & Indemnity Comprehens Work-Study allowances.	• • • • • • • • • • • • • • • • • • • •	\$	
5. Other untaxed income not reported su compensation, disability (not SSD or SSI), savings accounts (refer to IRS 1040 form,	untaxed portions of health	\$	
STUDENTS WHO REPORT NO SOUR SUPPORTED THE FAMILY IN 2019 W			
TAX RETRIEVAL INFORMATION	The student is required	to submit 2019 Federal tax informa	tion.
The only acceptable methods to su	bmit Federal tax informa	tion are:	
· · · · ·	information into your F	AFSA application through the IRS	S Data Retrieval Tool.
	s.gov/individuals/get-tra	ANSCRIPT. To request a 2019 TA nscript. *If you are having issue	
By signing below, I/we certify the information Aid to perform necessary election this form or on my FAFSA. I/we real reduction, withdrawal, and/or repayment information, I/we may be fined, sentential.	tronic ISIR corrections on mize that any false statement ent of my financial aid. I/w	ny behalf. I/we agree to provide pro t or failure to give proof when asked e also understand if we purposely g	oof of any information reported d may be cause for denial, ive false or misleading
Student Signature	 Date	Spouse's Signature	 Date

Office of Financial Aid 900 Lakewood Avenue, Lakewood, NJ 08701 PH 732.987.2258 • FAX 732.987.2023 • Email: financialaid@georgian.edu