

## 2018-2019 Dependent Verification Worksheet

## Complete this form upon request of the Financial Aid Office to verify your FAFSA information.

Your Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called "Verification". Once your FAFSA has been selected for verification, we are required to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid administrator 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 and at least one parent must complete and sign this worksheet, attach any required documents, and submit the worksheet and required documents to our office. Your financial aid is not final or released to your student account until the verification process is complete.

Student's Last Name	First Name M.I.	Student's Identification (ID) Number	
Student's Street Address (	include apt. no.)	Student's Date of Birth	
City, State, Zip Code		Student's Email Address	
Student's Home Phone Nu	mber (include area code)	Student's Alternate or Cell Phone Numb	

Use the space below to list the members of your parent's household:

- The student
- The parent(s) (including a stepparent) even if the student does not live with the parent(s)
- 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 the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2019.
- Number in College: Include those enrolled in a degree, diploma, or certificate program any time between July 1, 2018, and June 30, 2019 and include the college name.

Eull Nama	A 222	Dalatianahin	College	Will be Enrolled
Full Name	Age	Relationship	College	at Least Half
				Time
				(Yes or No)
		Self	Emory & Henry College	Yes



## C. Income Information

STUDENT:										
Check one box:										
The student has not yet	·									
The student did not work	and will not file a tax return.  d will not file a tax return.									
Please provide copies of all 201	6 W-2 Forms									
FAFSA.gov, log into the student's the instructions to determine if yo electronically sign and submit the	s FAFSA record, select "Make FA ou are eligible to use the IRS Data e updated FAFSA. To obtain a 20	FSA Corrections," and navigate t Retrieval Tool to transfer 2016 II 16 IRS Tax Return Transcript or	on the Web. If you have not already us to the Financial Information section of RS income tax information into your FA alline, go to <a href="https://www.IRS.gov">www.IRS.gov</a> and under the "IRS Tax Return Transcript" and "I	the form. Follow AFSA. Be sure to the Tools heading,						
PARENT:										
Check one box:										
The parent(s) have not y		on the Web, but will use the too	e tax return information into the stude of to transfer 2016 IRS income tax ret							
			stead will provide the school a 2016	IRS Tax Return						
Transcript(s).	1 1 11 (61	201/ X7 10 11 EN TOP	T 44 C 41 TDC 3111							
			ng Letter from the IRS will be provided.	led.						
The parent(s) and work of the parent(s) have filed			m 4868, "Application for Automat	ic Extension to						
File U.S. Individual T	ax Return", A copy of the I	IRS's approval for an extens	sion beyond the automatic six-mo	onth extension;						
			f self-employed, a signed statement	certifying the						
	al's Adjusted Gross Income (A Amended IRS Income Tax Retur		aid for tax year 2016. S Tax Return Transcript and a sig	ned copy of the						
	"Amended U.S. Individual Inc		•	ica copy of the						
Please provide copies of all 201	6 W-2 Forms									
D. Other Information	on									
Name of the person who paid child support	Name of person to whom child support was paid	Name of Child for whom support was paid	Amount of Child support paid in 2016							
E. Certification and	Signatures	<u> </u>								
	below certifies that the informat AFSA must sign and date.	ion reported is complete and co	rrect. The student and one parent wh	ose information						
was reported on the 12	ar 571 must sign and date.									
Student's Signature	<del></del>	Date								
Parent's Signature		Date								
Return Completed Financial Aid C	Office FAX:	: 276-944-6884								

**Return Completed** Financial Aid Office **Form to:** PO Box 947

PO Box 947 E-mail: ehfinaid@ehc.edu Emory, VA 24327 Local: 276-944-6940