

2024-2025 Verification Worksheet **Independent Student**

SECTION I – STUDENT IDENTIFICATION

Please complete form in blue or black ink. Incomplete forms will not be accepted.

Your FAFSA application was selected for review in a process called "Verification", which is required under Federal Financial Aid

• • •	ocess we will be comp	•			•	transferred from the Inter	nal	
Please complete the veri	fication requirements	as soon	as possible so you	financial a	id will not be delay	yed.		
				Α				
Student Last Name First Name			M.I.	· · · · · · · · · · · · · · · · · · ·	Student ID #			
Permanent Address (include Apt. No.)				Date of Birth				
City	State	Z	Zip Code	() e Phone Number	() Cell Phone Number		
SECTION II – FAM List yourself and any o their support from July	ther legal depender	nts living	•			ide more than half of f you and/or your spouse a	are	
their custodial parent(s), even if they are not claimed on your tax return.								
 INCLUDE your child DO NOT include fo DO NOT include bo DO NOT include your list the name, LIST THE NAME OF Each	oyfriend, girlfriend, fiancé our children over the age o age, relationship ar ACH	e or roomi of 24 if the and name	mate(s). y are students. of college each I	isted perso	on will attend, if o	AME OF COLLEGE		
Household Member	(INCLUDING YOURSELF)	Age	Relationship to		(if enrolled at least	t ½ time between July 2024 -June	2025)	
			Self			LSSU		
You must complete ALL boxes for each household member, including y Check if: ☐ You are still living in your parents' household ☐ Someone else is providing basic living expenses Name				ourself.		For internal use ONLY: Reviewed Scanned: VERCI - V1		

SECTION III- TAX DOCUMENTATION. Please indicate which one of the following	ng forms of tax doc	umentation will be submitted.					
Information ☐ I was unable or chose not to u 2022 Tax Return. ☐ I (we) did not and was not required to	ige Tool on the FAF use DDE on the FAF o file a 2022 Tax Re urk in 2022- Attach o	SA to transfer 2022 Federal Tax SA- Attach a signed copy of your eturn opies of you and your spouse's 2022					
*If you and your spouse filed separate returns, you must provide the IRS Tax Return for each of your returns. **Special Tax Filing Circumstances include: you were granted a filing extension, filed an amended return, filed a foreign tax return, or were a victim of identity theft. Please contact the Financial Aid office for acceptable documentation.							
SECTION IV- FEDERAL BENEFITS This section does not apply to me. Someone in my household received the following Federal Benefits in 2022 and/or 2023. Check all that apply FOOD STAMPS (SNAP): If yes, indicate which year(s) benefits were received: 2022 2023 SSI or Medicaid Free/Reduced School Lunch Temp. Assistance for Needy Families (TANF) WIC							
SECTION VI-CHILD SUPPORT ► My parent(s) □ received child support RECEIVED CHILD SUPPORT COMPLETE THE FOLLOWING Name(s) of child(ren) for whom support was received: Total amount of child support received in 2022:	t in 2022.	tion does not apply to me					
SECTION VII— CERTIFICATION By signing this form, I certify that all of the above information is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.							
Student Date Spouse Date	Important Incomplete forms WILL NOT BE ACCEPTED!	Return to: Lake Superior State University FINANCIAL AID OFFICE 650 W Easterday Avenue Sault Ste Marie, MI 49783 Phone: 906-635-2678 Fax: 906-635-6669 finaid@lssu.edu					

Be sure to check your LSSU email and my.LSSU/Anchor Access on a regular basis for updates! Please allow for up to 10 business days for processing and evaluation. Forms completed with out proper requested documentation may be delayed.