

**IV1: INDEPENDENT VERIFICATION WORKSHEET**

Submit this form in person or mail, electronically, or by fax:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201

fin\_aid@everettcc.edu • Fax (425) 388-9185

Your FAFSA application has been selected by the Federal Student Aid processor for a review process called verification.

In this process Everett Community College will compare the data from your FAFSA to the information provided on this worksheet. The law states that we have the right to request this information from you before awarding Federal Student Aid. If there are differences between your FAFSA data and your financial documents, Everett Community College will send corrections electronically to the Federal Student Aid processor to have your information reprocessed.

Your Financial Aid award may be revised due to verification. To prevent your aid from being delayed, complete this form and submit it to the Everett Community College Financial Aid Office as soon as possible. We must review the requested information, under the Financial Aid program rules (34 CFR, Part 668).

**A. STUDENT INFORMATION**

First name \_\_\_\_\_ Middle name \_\_\_\_\_

Last name \_\_\_\_\_ Student ID Number \_\_\_\_\_

**B. 2019 TAX INFORMATION: Choose only one option below.**
 Option 1: Check if you (and your spouse) filed taxes in 2019 and A) used the Data Retrieval Tool on the FAFSA, or B) attached a 2019 IRS Tax Return Transcript(s) or a **signed** copy of your 2019 US Income Tax Return(s) and all schedules.

 Option 2: Check if you (and your spouse) did not have income and will not, and are not required to, file a 2019 US Income Tax Return.  
 • **Submit a 2019 IRS Verification of Non-Filing Letter.** This free letter can be obtained from the IRS.

 Option 3: I was employed and had income, but am not required to file a 2019 Federal IRS Tax Return:  
 • **Complete the chart below:** list employer(s) and the amount that was earned in 2019  
 • **Submit a 2019 IRS Verification of Non-Filing Letter.** This free letter can be obtained from the IRS.  
 • **Attach copies of all 2019 W-2 and 1099 Forms**

2019 Student Income (MUST complete if you checked Option 3):

Student Employer(s)	Student Amount Earned	Spouse Employer(s)	Spouse Amount Earned
1.	\$	1.	\$
2.	\$	2.	\$

**C. UNTAXED INCOME**

Did you or your spouse file an IRA and/or pensions and annuities as a **rollover** on your tax return? If yes, you are required to submit a copy of your 2019 1040 Income Tax Return. Rollovers are not documented on the Tax Return transcript and including this can affect the amount of aid you may be eligible to receive.

 Yes. The applicable 2019 1040 Income Tax Return is attached.

 No.

## D. HOUSEHOLD INFORMATION

Write the names of all the people in your household. Include:

- **Yourself and your spouse**, if you have one, and
- **Your children**, if you will provide more than half of their support from July 1, 2021 through June 30, 2022, even if they do not live with you, and
- **Other people** – if other people currently live with you and you provide (and will continue to provide) *more than half of their support* between July 1, 2021 and June 30, 2022, list them in the household and fill out the *Other People* section of this form. Documentation of support may be requested. **Not providing this information will exclude this person from being included in the household size.**
- Do NOT include roommates.

List the full name of each household member	Age	Relationship (i.e., parent, sibling)	Is family member in college and enrolled at least half time?	If you have other family members in college, please list the college name. Enrollment could be verified.
		Self	X	Everett Community College

**E. OTHER PEOPLE:** This section is required if **other people** were listed in the household chart.

If there are other people (i.e., other than yourself, spouse, or your children) living in the household, you **MUST** provide documentation of support for those included. Write a statement on page 3 explaining the extenuating circumstances as to why you are responsible for the individual and in what way you are supporting this person with: food, shelter, and health insurance.

**Not providing this information may exclude this person from being included in the household size.** If more space is required than the box on page 3, please attach an additional document.

**E. OTHER PEOPLE *continued*:** Statement required if **other people** were listed in the household chart.

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**CERTIFICATION:** Electronic signatures will not be accepted.

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By signing this worksheet, I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true and complete.

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Student Signature \_\_\_\_\_ Date \_\_\_\_\_