LA ROCHE UNIVERSITY

9000 Babcock Blvd., Financial Aid Office, SC 103, Pittsburgh, PA 15237
Phone: 412-536-1125 Fax: 412-536-1072

2019-20 Independent Verification Worksheet

A. Student Information

Last Name	First Name	M.I.
SSN or Student ID:	E-Mail Address	
Home Phone Number	Cell/Alternate Phone Number	

B. Household Information *(If more space is needed, attach a separate page with the student's name and ID at the top)*

1. Write the names, ages and relationship to **YOU (THE STUDENT)** of all the people you and/or your spouse (if married) will support between *July 1, 2019 and June 30, 2020*. **Include the following**:
   - Yourself
   - Your spouse (if married)
   - Your children, and you and/or your spouse provide more than half of their financial support
   - Other people that live in your household and you and/or your spouse provide more than half of their financial support and will continue to provide more than half of their financial support during the 2019-20 academic year
2. Indicate which household members will be enrolled in college at least half-time (six or more credits) and where they will be attending during the 2019-20 academic year.

Full Name	Age	Relationship	College	Enrolled at least Half-time?
		Self	*La Roche University*	*Yes* ☑
				☐
				☐
				☐
				☐
				☐

C. Tax and Income Information

	Student	Spouse	***Please check ONE applicable box (1, 2, 3, or 4) for BOTH Student AND Parent(s)***
1.	☐	☐	I **have used** the IRS Data Retrieval Tool to transfer 2017 IRS income tax return information into the FAFSA on the Web.
2.	☐	☐	I **have not yet used** the IRS Data Retrieval Tool but will use the tool at a later date to transfer 2017 IRS income tax return information into the FAFSA on the Web.
3.	☐	☐	I am **unable or choose not to use** the IRS Data Retrieval Tool and my 2017 IRS Tax Return Transcript ***(select one of the following):***
	☐	☐	Is attached. Include student's name and ID
	☐	☐	Will be provided when it is available.
4.	☐	☐	I **did not file** a 2017 income tax return with the IRS ***(MUST COMPLETE SECTION D).***

*** * * CONTINUED ON THE BACK * * ***

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D. Confirmation of Non-filing (FOR NON-TAXFILERS ONLY)

Nontax filers must provide confirmation of nonfiling dated on or after October 1, 2018. Verification of nonfiling can be obtained from the IRS using Form 4506-T, *Request for Transcript of Return (box 7).* This form is available at www.laroche.edu/forms. If appropriate, a similar confirmation from another taxing authority (e.g., a U.S. territory or a foreign government) is also acceptable.

Student **Spouse** ***Please check ONE applicable box (1 or 2) for BOTH Student AND Parent(s)***

1. ☐ ☐ I was not employed & had no income earned from work in 2017.

2. ☐ ☐ I was employed in 2017 and have listed my employers & the amount earned from each. Please report all earnings that were received in 2017 even if a W-2 form was not issued. *If more space is needed attach a separate page with the student's name and ID at the top.*

3. ***Select one of the following:***

☐ ☐ Documentation from the IRS or other tax authority *dated on or after October 1, 2018* that indicates a 2017 IRS income tax return was not filed is **attached**.

☐ ☐ Documentation from the IRS or other tax authority *dated on or after October 1, 2018* that indicates a 2017 IRS income tax return was not filed **will be provided** when available.

	Employer's Name	Amount Earned	W2 Provided ☑
Student		$	☐
Student		$	☐
Student		$	☐

Spouse		$	☐
Spouse		$	☐
Spouse		$	☐

****** Nontax filers must provide copies of all 2017 W-2 forms issued by the employer(s) to the student and/or spouse ******

E. Disclosure of IRA or Pension Distribution Rollovers

A rollover occurs when you withdraw cash or other assets from one eligible retirement plan and contribute all or part of it, within 60 days, to another eligible retirement plan. For further information about rollovers, refer to IRS Publication 575, *Pension and Annuity Income*.

Did you or your spouse (if married) have an IRA or Pension Distribution ROLLOVER that was reported on their Federal tax return?

☐ **NO** ☐ **YES – If YES, how much was the rollover? $** ________________________

F. Certification

By signing below, I certify that all information reported to qualify for Federal Student Aid is complete and accurate.

______________________________ ______________

Student's Signature Date