

2021-22 Dependent Verification Worksheet

A. Student Information

 Last Name

 First Name

 M.I.

 SSN or Student ID

 Cell/Alternate Phone Number

B. Household Information

- Write the names, ages and relationship to **YOU (THE STUDENT)** of all the people in your parent(s) household.
Include the following:
 - Yourself (even if you do not currently live with your parents);
 - Your parent(s) or stepparent (if remarried);
 - Your sibling(s), or stepparent's other children, if your parent(s) will provide more than half of their financial support from July 1, 2021 through June 30, 2022;
 - Other people that live in your household and your parent(s) provide more than half of their financial support and will continue to provide more than half of their financial support through June 30, 2022.
- Indicate which household members (excluding parents) will be enrolled in college at least half-time (six or more credits) and where they will be attending during the 2021-22 academic year.

Full Name	Age	Relationship	College	Enrolled at least Half-time?
		<i>Self</i>	<i>La Roche University</i>	Yes <input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

*** If more space is needed, attach a separate page with the student's name and ID at the top ***

C. Student Tax and Income Information

 Did the student file a 2019 Federal Tax Return? **YES** – Complete **BOX 1** **NO** – Complete **BOX 2**

***** FOR STUDENT TAX FILERS ONLY *****

BOX 1 – check ONE box below:
 The student **used the IRS Data Retrieval Tool** to transfer 2019 IRS income tax return information into the FAFSA on the Web.

 The student **did not use the IRS Data Retrieval Tool** and will provide a 2019 IRS Tax Return Transcript.
 ** For more information how to request an IRS Tax Return Transcript visit www.laroche.edu/forms **

 Did the student have an IRA/pension/annuity **ROLLOVER** in 2019? **NO** **YES** – provide supporting documentation

*** CONTINUED ON THE BACK ***

***** FOR STUDENT NON-TAX FILERS ONLY *****

BOX 2 – check ONE box below:

- The student **WAS NOT** employed & had **NO** income earned from work in 2019.
- The student was employed in 2019 and has listed all employers, the amount earned from each, and whether a W2 form is provided in the box below.

***** Non-tax filers must provide copies of all 2019 W-2 forms issued by their employer(s) *****

Employer's Name	Amount Earned	W2 Provided
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>

*** If more space is needed, attach a separate page with the student's name and ID at the top ***

D. Parent Tax and Income Information

Did the parent(s) file a 2019 Federal Tax Return? **YES** – Complete **BOX 3** **NO** – Complete **BOX 4**

***** FOR PARENT TAX FILERS ONLY *****

BOX 3 – check ONE box below:

- The parent(s) **used the IRS Data Retrieval Tool** to transfer 2019 IRS income tax return information into the FAFSA on the Web.
- The parent(s) **did not use the IRS Data Retrieval Tool** and will provide a 2019 IRS Tax Return Transcript.
*** For more information how to request an IRS Tax Return Transcript visit www.laroche.edu/forms ***

Did the parent(s) have an IRA/pension/annuity **ROLLOVER** in 2019? **NO** **YES** – provide supporting documentation

***** FOR PARENT NON-TAX FILERS ONLY *****

BOX 4 – check ONE box below:

- The parent(s) **WAS NOT** employed & had **NO** income earned from work in 2019. *Parent non-tax filers must obtain and provide a Verification of Non-filing letter from the IRS, visit www.laroche.edu/forms for more information.*
- The parent(s) was employed in 2019 and has listed all employers, the amount earned from each, and whether a W2 form is provided in the box below.

***** Non-tax filers must provide copies of all 2019 W-2 forms issued by their employer(s) *****

Employer's Name	Amount Earned	W2 Provided
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>
	\$	<input type="checkbox"/>

*** If more space is needed, attach a separate page with the student's name and ID at the top ***

E. Certification

By signing below, I (we) certify that all information reported to qualify for Federal student aid is complete and accurate.

Student's Signature

Date

Parent's Signature

Date