

### 2021-2022

INDEPENDENT 07

#### **Verification Worksheet**

#### Federal Student Aid Programs

Your application is selected for a review called "Verification." In this process, WVC will be comparing information from your application with your (and your spouse's, if applicable) 2019 Federal tax information, W-2 forms or other financial documents. Federal regulations give our office the right to request this information before awarding financial aid. If there are differences between your application information and your financial documents, WVC will make corrections electronically to have your information reprocessed. To avoid delays in processing your financial aid, please return verification items as soon as possible.

Wenatchee Valley College must review the requested information, under the financial aid program rules (CFR Title 34, Part 668).

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Last Nar	me		First N	ame	<u></u>	_ ID#:	**ctcLink ID required**
Lust Hui			1 113614	/	/		otocink ib required
Address	(include apt # if applicable)			Date of Birth	/		
							()
City		State	ZIP Code				Daytime Phone (include area code)
Jse th	is checklist to ensure ye	ou comple	te all steps	s – INCOMI	LETE FORM	∕IS WILI	NOT BE PROCESSED:
		=	-				f a field does not pertain to yo
	Read instructions carefully an						
	·		,	,	,		,,
✓ <u>3</u>	SIGN THE WORKSHEET						
✓ <i>I</i>	Attach all required documen	tation. Forn	ns missing re	quired docur	nentation wi	ll be con	sidered incomplete.
<b>√</b> 9	Submit worksheet, plus any r	equired doc	umentation,	to the financ	al aid office a	t Wenat	chee Valley College.
	Please note that w	e may reque	est other docu	ıments to ver	ify additional	informa	tion as we deem necessary. 🗲
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5. FA	MILY INFORMATION						
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COMPLETE ALL FOUR PAGES
Incomplete forms will not be processed

For	□V1 □V4 □V5	□0B	☐ 5# ☐ 5\$
Office	TR/EFC/_		☐ OK or
Use	Corrected to	/	
Only:	Initials:	Date:	

## WENATCHEE VALLEY COLLEGE FINANCIAL AID

#### 2021-2022

#### Verification Worksheet Federal Student Aid Programs

CTCLINK ID #:	
Last:	
First:	

#### C. INCOME INFORMATION

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INDEPENDENT

- → Read carefully and follow the instructions in each section. If you have questions or problems, contact us for help.
- **Tax-filers:** You will need to use one of the following three options to verify income:
  - A. IRS Data Retrieval Tool (DRT) within FAFSA: Go to FAFSA.gov, log in, select "Make FAFSA Corrections," and navigate to the Financial Information section. Follow instructions. Make sure you save, sign and submit the FAFSA when complete.
  - **B.** Official Tax Return Transcript: You can request a FREE 2019 tax return transcript online at <a href="www.irs.gov">www.irs.gov</a> or download the 4506-T from <a href="www.wvc.edu/financialaid/forms">www.wvc.edu/financialaid/forms</a>. (note: when you receive it, keep original, submit a copy to us)
  - C. SIGNED Copy of Filed 2019 Tax Return: Include copies of ALL schedules submitted with filed return.
- → **NON tax-filers:** Attach copies of all W2s. Also attach an official IRS "<u>Verification of Non-filing Letter</u>". You can download the IRS Form 4506-T from <u>www.wvc.edu/financialaid/forms</u>. Use checkbox 7 to request the Non-filing letter. If you are missing W2's and cannot get from your employer, you can also use **4506-T** to request a "Form W2 Transcript".

1. MARITAL STATUS:							
As of today, I am: (check the corre	ect boxes below and	d follow the instructions)					
Married and living with my spouse (Instructions: Complete Items #2 and #3 below)							
Single, divorced, widowed, or separated from spouse <b>AND</b>							
I did <b>NOT</b> file a joint tax retur	rn for 2019 (Instru	uctions: Complete #2, Skip #3 b	pelow.)				
I filed a Joint tax return for 20	019 (Instructions:	Contact our office for assistan	ice in completing this form.)				
2. STUDENT EARNED INCOME & TAX	INFORMATION:						
Check only ONE box and follow direct	tions – if you have	questions, contact the financia	ıl aid office				
I am attaching a <b>SIGNED</b> copy of my	y 2019 IRS tax retur	n <b>or</b> official IRS <u>transcript</u> .					
I used the IRS Data Retrieval Tool (s FAFSA & MADE NO CHANGES TO T			19 tax information to my				
I filed an <b>AMENDED</b> tax return afte <u>AND</u> either a Tax Return Transcrip	•		_				
NON-FILER: I (Student) will not file IRS "VERIFICATION OF NON-FILING							
**CHECK ONE BOX**: I (student) was		List all Employer[s]	Total Income Earned				
earned income from work in 2019 *If "YES", list all employer(s) & income			\$				
and attach copies of all W-2s. (attach a			\$				
			l'				
3. SPOUSE EARNED INCOME & TAX II	NFORMATION: (Co	omplete this section only if curren	tly married & living with spouse)				
Check ONE box and follow any instru	<b>ictions</b> – if you have	e questions, contact the financi	ial aid office				
My spouse and I filed a joint 2019 f	ederal income tax r	eturn.					
My spouse filed a separate 2019 tax return. Attach SIGNED copy of Spouse's 2019 return or official IRS transcript.							
My spouse filed separately & later AMI  AND one of the following showing			copy of <u>IRS tax form 1040X</u> <u>Signed</u> copy of IRS tax return				
NON-FILER: My spouse will not file "VERIFICATION OF NON-FILING LET	-						
**CHECK ONE BOX**: Spouse was em	· · —	List all Employer[s]	Total Income Earned				
earned income from work in 2019 **If "YES", list all employer(s) & income	Yes* No		\$				
and attach copies of all W-2s. (attach ac			\$				



Staff Use Only:

44a=3c

44b=1040-Schd 1: lines 15 + 19

44d=1040: line 2a

44c=3a

#### 2021-2022

#### **Verification Worksheet**

CTCLINK ID #:\_ Last: \_ First:

529s: stu owned 529s go under #41 (investments)

44e=1040: (lines 4a + 4c) minus (lines 4b + 4d) [excl. rollovers]

44h=1040-Schd 1: line 25 \*plus 2b+2f above\*

Federal Student Aid Programs

			_
_		LINEANED DENIETIES/AGGETANGE	
J.	UNTAXED INCOME &	UNTAXED BENEFITS/ASSISTANCE	

page 3 of 4

INDEPENDENT

→ Answer #1 and #2, following the instructions for each. If you have questions, please contact our office for assistance.

. STUDENT UNTAXED BENEFITS/ASSISTANCE:							
Instructions: If you and/or any of the household members listed on page 1 received any of these items during any of the time periods, check the appropriate boxes. **Do NOT enter dollar amounts. These benefits do NOT get counted as income, and receiving them does NOT hurt your eligibility for financial aid ** If none of the items apply to your household, check box "1".							
Ben	efit Type A-E	2019-2020	2021 - Current	Benefit Type F-J	2019-2020	2021 - Current	
a. Food Stan	nps/SNAP			f. Untaxed Social Security			
b. Welfare/1	TANF			g. Subsidized Housing			
c. Suppleme	ntal Security Inc. (SSI)			h. Child Care Assistance			
d. Free or Re	educed Lunch			i. Medical Assistance (e.g., Medicaid/Apple Health)			
e. WIC				j. Utility Assistance			
Student: Spouse:	2019 2020 2019 2020 2019 2020 2019 2020 2019 2020 2019	<b>2021</b> Collection 2021 Collection	ge Name[s			-	
. STUDENT	UNTAXED INCOMI	:					
		_		(and spouse if married). If they do not apply unt for the year 2019, rounded to the nearest d	-	zeros. <u>Do</u>	
Yearly Amount			So	urce of Untaxed Income			
\$	a. Child support <u>re</u>	ceived in 20	<u> 19</u>			44c	
\$	<b>b.</b> Worker's Compensation 44h						
\$	c. Payments to tax-o	c. Payments to tax-deferred pension & savings <u>list source</u> : (see help below) 44a					
				ngs) to tax-deferred pension & retirement savings pla Boxes 12a - 12d with codes D, E, F, G, H, & S. ( <b>not l</b>		r) or 403(b)	
\$	d. Living allowance paid to clergy or military (military: include only BAS, do not include BAH) 44				44f		
\$	e. Veterans non-education benefits (incl: Disability, Death Pension, DIC, VA Work-Study allowances) 44				ces) 44g		
\$	f. Any other <u>untaxed</u> income <b>NOT included on tax return</b> <u>list source</u> :				44h		
\$	not reported else payments:	where on th	nis form. (s	student's behalf (e.g., payment of student see help below) Also, list the sources & the purp	ose of the		
rent, utility bills distributions to	s, etc., for the student or go the student from a 529 p	gives cash, gift plan <u>owned by s</u>	cards, etc., someone oth	tudent (&/or spouse) received in 2019. For example, include the amount of that person's contributions. Al ner than the student, such as parents, grandparents, ion #41 (net worth of investments), not here.	lso, include any	,	

44g=3e

44f=3d



# 2021-2022 Verification Worksheet Federal Student Aid Programs

•
INDEPENDENT

CTCLINK ID #:\_\_\_\_\_

Last: \_\_\_\_\_
First: \_\_\_\_\_

#### E. ADDITIONAL FINANCIAL INFORMATION - INCOME EXCLUSIONS

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→ Answer each item in this section. Do not leave any item blank. If you have questions, please contact our office for assistance.

	2 /		,				
1.	STUDENT I	NCOME EXCL	USIONS:				
C	lollar amoun	ts from the 20		mation" for <b>2019</b> . The financial er each of the following. If the			r
	<u>Yearly</u> Amount	Exclus	sion Type (if you have question	ons about any of these items, p	lease co	ntact our office)	
:	\$			k-study. (Attach W-2 of work-s tudent, you would have received a			
\$ Combat Pay or Special combat pay. <i>List</i> <b>0</b>				<b>Y</b> the taxable portion reported in t	he AGI oi	n your 2019 tax return	<u>-</u>
:	\$	Rollovers (of I	RA & other pensions). <i>List <b>ONL</b></i>	<b>Y</b> the taxable portion reported in t	he AGI oi	n your 2019 tax return.	
	No	Child Support	<u>PAID</u> to others in <u>2019</u> . Do NO	<b>T</b> include support you received	d. * <u>If YES</u>	complete worksheet be	low
	Who paid	Child Support	Name of Person to whom Child Support was paid:	Name of Child for whom support was paid	Age of child	Amount of Child Support Paid in 2019	
	Studer	nt Spouse				\$	
	Studer	nt Spouse				\$	
	Studer	nt Spouse				\$	
					Total	\$	
Sig	n This Wo	rksheet		- WARNING: If you purposely give fa worksheet, you may be fin		_	this
_			certify that all the information mplete and correct.	Return this completed form (w Wenatchee Valley College		<b>ired documents)</b> to: 509-682-6810	Ī
Stud	ent		Date	Financial Aid Office 1300 5 <sup>th</sup> Street – Wenatchi Hal		9-682-6811 inancialaid@wvc.edu	
Spouse (optional, not required)			Date	Wenatchee WA 98801 http://www.wvc.edu			
		☐ Yo ☐ Th ☐ All	Tips to avoid del omitting, review the entire form u completed all four pages ere are no unanswered question questions are answered accur u have signed and dated this p	ons rately			

#### Wenatchee Valley College Non-discrimination Statement

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.

#### Wenatchee Valley College Declaraciones de no discriminación

Wenatchee Valley College está comprometido a una política de igualdad de oportunidades en el empleo y la matriculación de estudiantes. Todos los programas están libres de discriminación y acoso contra cualquier persona debido a raza, credo, color, origen nacional o étnico, sexo, orientación sexual, identidad o expresión de género, la presencia de cualquier discapacidad sensorial, mental o física, o el uso de un animal de servicio por una persona con discapacidad, edad, estatus o familias con niños, estado civil, religión, información genética, veterano descargado honorablemente o estatus militar o cualquier otra base prohibida por el RCW 49.60.030, 040 y otras leyes y reglamentos federales, o participación en el proceso de queja.

Las siguientes personas han sido designadas para atender consultas sobre las políticas de no discriminación y el cumplimiento del Título IX para los campus de Wenatchee y Omak:

- Para denunciar discriminación o acoso: Coordinador del Título IX, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- Para solicitar adaptaciones para discapacitados: Coordinador de acceso estudiantil, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: marque 711, sas@wvc.edu