Indian River State College Office of Student Financia Aid

2024–2025 <u>V5</u> Verification Worksheet Independent Student

THIS DOCUMENT CANNOT BEAXED OREMAILED

A. Independent Student's Information	A. Indep	penaen	t Students	Informatio
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Student's Last Name	Student's FirstName	Student's M.I.	Student's IRSCID Number
Student's Street Address (include apt. no.)	•	Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Call Phone Number

B. Independent Student's Family Information
List below the people in your household Include:

Yourself

- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of

Student's Name:	IRSC ID:

- C. Independent Student's Income Information to Be Verified
 - 1. TAX RETURI FILERS-Important Note: Ifyou (or your spouse, if married) filed, or will file, an <u>amended</u> 2022 IRS tax return, you must contact your financial aid office before completing this section.

Instructions: Cdnoo

D.	Independent Student's Other Information to Be Verified		
,	1. Complete this section if someone in the student's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2021 or 2 calendar years. YOU MAY BE REQUIRED TO PROVIDE DOCUMENTATION OF SNAP BENEFITS RECEIVED.		
	One of the persons listed in SectionB of this workshed received SNAP benefits in 2021 or 2022. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2021 and/or 2022.		
	Name of person receiving benefits: Total amount received		

Student's Name: _____ IRSC ID:

2. Complete this section if you or your spouse, if married, paid child support in 2022.

Either I, or (if married) my spouse who is listed in Section B of this worksheet, paid child support in 2022. I have indicated below the name of the person who paid the child support, name of the person to whom the child support was paid, names ofthe children for whom child support was paid, and theotal annual amount of child support that was paid in 2022 for each child. YOUMAYBEREQUIEDTOPROVIE

NOTARIZED STATEMENTONSLYNECESSAYRIF STUDIENT CANNOT APPEAURPERSON

(copy of Driver's License, US Passport or other picture ID must accompany this form if signed by a notary)

Notary's Certificate of Acknowledgemen

State of		
City/County of		
On, before me,		,
(Date)	(Notary's name)	
personally appeared,		, and provided to me
(Printed name of sign	er)	
on basis of satisfactory evidence of identificat	tion	
(Typeof governmentissued photo ID provided		
to be the abovenamed person who signed th	e foregoing instrument.	
WITNESmy hand and official seal (seal)		
(000.1)	(Notary s	ignature)
	My	,