2024-2025 Independent Verification Worksheet

Your 2024-25 FAFSA was selected for review in a process called *verification*. Federal Regulations say that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. In this process, the Financial Aid Office will compare your FAFSA with the information on this worksheet and any other required documents. If there are differences, we may need to correct your FAFSA. You must complete and sign this worksheet, attach required documents and submit them to the Financial Aid Office in order to be considered for financial aid funding. *Additional information may be required by the Financial Aid Office*.

First Name

1. Student Information

Last Name

DO NOT LEAVE BLANK- READ AND COMPLETE ALL SECTIONS!

M.I.

Relationship

Age

cLink ID	SSN/ITIN	DOB	
Family Size Char	t		
e each chart below to list	the people who are or will be in your	family from July 1, 2024 thro	ough June 30, 2025
.a			
Yourself			
Your spouse, if you are	e married		
	Full Name	Age	Relationship
			self
	rill provide more than half of their suppo	ort from July 1, 2024, throug	spouse
would be required to p	vill provide more than half of their suppo provide parental information if they we ese standards, even if they do not live v Full Name	re completing a FAFSA for 20	spouse h June 30, 2025; O l
 Your children, if you w would be required to p 	provide parental information if they we ese standards, even if they do not live v	re completing a FAFSA for 20 vith you.	spouse h June 30, 2025; O l 024–2025. Include
Your children, if you w would be required to p	provide parental information if they we ese standards, even if they do not live v	re completing a FAFSA for 20 vith you.	spouse h June 30, 2025; O l 024–2025. Include
Your children, if you w would be required to p	provide parental information if they we ese standards, even if they do not live v	re completing a FAFSA for 20 vith you.	spouse h June 30, 2025; O l 024–2025. Include Relationship Child
 Your children, if you w would be required to p 	provide parental information if they we ese standards, even if they do not live v	re completing a FAFSA for 20 vith you.	spouse h June 30, 2025; O l 024–2025. Include Relationship Child Child

Other people if they now live with you, AND you provide more than half of their support and will continue to provide

more than half of their support through June 30, 2025.

Full Name

	STRUCTIONS FOR 2022 TAX FILERS: Check the appropriate box below for both the st way to verify income is by using the IRS FUTURE Act Direct Data Exchange (FA-DDX) that			
	☐ I used the IRS FUTURE Act Direct Data Exchange (FA-DDX) on the FAFSA.			
	☐ I am attaching my 2022 IRS Tax Return <u>Transcript</u> .			
	☐ I am attaching a <u>signed</u> copy of my 2022 Tax Return			
	☐ I filed an amended 2022 Tax Return. If you select this option you must submit a signed copy of your 1040X and a Tax Return Transcr Return.	ipt or a signed copy of your 2022 Tax		
ar	STRUCTIONS FOR 2022 NON-TAX FILERS: Complete this section if the student a e not required to file a 2022 Income Tax Return with the IRS. See step 4 for options on requeing Letter.	•		
No	on-Filing Status (Select one option) I am attaching my IRS Letter of Non-Filing Status because I did not or was not require	d to file a 2022 Tax Return.		
	☐ I am <u>unable</u> to obtain an IRS Letter of Non-Filing Status and have attached document verifies I have attempted to access the Letter of Non-Filing Status from the IRS.	ation (i.e. screen shots) that		
20	22 Earnings Information (Select one option) I did not have earnings in 2022.			
	☐ I had earnings in 2022. You must list your employer(s) and income earned below AND forms must be provided.	attach W-2 form(s). <u>All W-2</u>		
	Employer	Earnings/Income		
3.	 IRS Tax Transcript or Verification of Non-filing Letter Reques Get Transcript by ONLINE or MAIL – Go to www.irs.gov, click "Get Your Tax Record". "Get Transcript by Mail". You must use the form 4506T if your address has changed since you last filed Automated Telephone Request – 1-800-908-9946 (Only primary taxpayer on return of the control of the	Click "Get Transcript Online" or .		
		an ase and option,		
4.	Student – Identity Verification (Check the appropriate box)			
	I am appearing in-person with valid, unexpired government-issued photo ID (such as a drivcard, or passport). <i>The Financial Aid Office will make a copy.</i>	ver's license, state identification		
	I am attaching a copy of my valid, unexpired government-issued photo ID (such as a driver or passport) this MUST BE ACKNOWLEDGED in the notary statement in section 7.	's license, state identification card		
5.	Student – Statement of Educational Purpose			
	(Check the appropriate box and follow the instructions)			
	I am appearing in-person to sign the statement below. (Signature MUST be witnessed by	a Financial Aid staff member.)		
	I am unable to appear in-person to submit the statement below and have had the statement below and had the	riginal document that contains		

accepted. If you are unable to appear in person to submit the original document, you can submit the original document

by mailing this form to 1620 Edward P. Smith Dr., Aberdeen, WA 98520, ATTN: Financial Aid.

certify that I	am the individual signing t	his Statement of Educational Purpose and that the
(student's name)		
	ay receive will only be used for e	educational purposes and to pay the cost of attending FAO
Grays Harbor College for 2024 – 2025.		
		Verification
Student Signature	Date	
Notary's Certificate of Acknowledgeme	ent	
State of	City/County of	
On, before m	e,	
(Date)		me of Notary)
Personally appeared,		, and provided to me on basis of satisfactory evidence
(Printe	ed name of signer)	
of identification	to	be the above-named person who signed the foregoing
	nment-issued photo ID provided)	
instrument.		
WITNESS my hand and official seal:		
(Notary's Signature)	 (sea	n
(Notary 3 Signature)	(Sea	''
My commission expires on		
	(date)	
. Certification and Signat	ture	
Each person signing this worksheet cert	tifies that all of the information	WARNING: If you purposely give false or misleading information this worksheet, you may be fined, sentenced to jail, or both.

Once you have submitted your form please do not resubmit. It will take between 1-2 Business days to reflect that this document has been received on your ctcLink "To Dos" section.

Student Signature

Continuous Non-Discrimination Notice

Grays Harbor College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, creed, religion, marital status, veteran status, genetics, or age in its programs, activities, and employment. The following person has been designated to handle inquiries regarding the non-discrimination policies:

Title IX Coordinator - Ashley Bowie Gallegos

Dean of Student Services & Enrollment Management

Grays Harbor College

1620 Edward P. Smith Drive

Aberdeen, WA 98520

360-538-4036

Title II/Section 504 Title IX Coordinator – Colleen Meyers

Interim Executive Director of Human Resources

Grays Harbor College

1620 Edward P. Smith Drive

Aberdeen, WA 98520

360-538-4244