

2023–2024 Verification V5 Worksheet Dependent Student

Your application was selected for review, or "verification." We are required by federal law (34 CFR, Part 668) to compare the information from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form. Please complete the entire form and ensure both the student and one parent whose information is included sign the form. **Incomplete forms will be returned to you. No determination of aid eligibility can be made until all requested documents are received and reviewed.**

- 1. If you used the IRS Data Retrieval tool when completing the FAFSA and *did not* make any changes to that information, a 2021 tax return transcript is not necessary.
- 2. If you did not use the IRS Data Retrieval tool *or* you made changes after the IRS Retrieval, contact the IRS at <u>www.irs.gov</u> or call 1-800-908-9946 to obtain a 2021 Tax Return Transcript or submit a signed copy of your Tax Return.
- 3. Complete all sections and sign the worksheet you and one parent must sign the worksheet.
- 4. If you did not file or are not required to file an IRS 1040, you must affirm that you are not required to file an IRS 1040 and include a copy of 2021 W-2 Forms from all employers.

STUDENT INFORMATION (PLEASE PRINT OR TYPE)

Student's Last Name	First Name	M.I.	Last 4 digits of SSN
Street Address (include a	pt. no.)	· · · · · · · · · · · · · · · · · · ·	Date of Birth
City	State	Zip Code	Email Address

FAMILY INFORMATION

Number of household Members: List below the people in the parent's household. Include:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2023 through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if a child does not live with the parents.
- Other people if they now live with the parents and the parent provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2024.

Number in College: Include in the space below information about any household member who is, or will be, enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024 and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age		College	Will be enrolled at least Half Time (YES or NO)
		Self	NWOSU	(TES OF NO)

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Print Student's Name	Student Signature			
			Date	
WARNING: If you purposely gi both.	ve false or misleading informatio	on, you may be fined, s	ent to prison, or	
	ies that all of the information report se information was reported on the			
Certifications and Signatures				
Suzy's Auto Body Shop (example)	\$2000.00			
Employer's Name	Work for Student	From Work for Mother	From Work for Father	
*FOR NON-TAX FILER Employer's Name		Income Earned	Income Earned	
	r Spouse Your Parent 1 o	or (Step-parent)	Your Parent 2 or (Step-pa	arent)
Income Tax Return and	I are not required to, list below the mployer(s) and any income recei	ne employer(s) and all i	income received in 2021.	
	RKED but DID NOT FILE; Check	· · · /		•
	NOT WORK and DID NOT FILE T		ır Parent 2 or (Step-parent	٠١
the FAFSA.	r Spouse Your Parent 1 c] Your Parent 2 or (Step-pa	
TAX-FILERS Check the	space for those that <i>Filed</i> a 202	,	, , ,	•
You You	ur Spouse Your Parent 1 o		Your Parent 2 or (Step-pa	rent)

Complete, print, sign and return to Financial Aid at:

Northwestern Oklahoma State University
Financial Aid
709 Oklahoma Blvd. Alva, Ok 73717 NWOSU School Code: 003163 Fax: 580-327-8177

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at to
(Name of Postsecondary Educational Institution)
verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.
In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.
Identity and Statement of Educational Purpose (To Be Signed in the presence of a Notary)
If the student is unable to appear in person at (Name of Postsecondary Educational Institution)
to verify his or her identity, the student must provide to the institution:
(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to a driver's license, other state-issued ID, or passport.(b) The original notarized Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.
Statement of Educational Purpose
I certify that I am the individual signing this (Print Student's Name) Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending
for 2023-2024.
(Name of Postsecondary Educational Institution)
(Student's Signature) (Date)
(Student's ID Number)

(Date)

NWOSU Employee witnessing signature

Notary's Certificate of Acknowledgement

Notary's certification may vary by State

State of				
City/County of				_
On	, before me,			,
(Date)		(Notary's name)		
personally appeared,			, and proved to me	
City/County of On(Date) personally appeared,	(Printed name of signe	er)		
because of satisfactory evid	dence of identification			
because of satisfactory evid	(Ту	pe of governme	ent-issued photo ID provid	ded)
to be the above-named per	rson who signed the foreg	going instrumen	t.	
WITNESS my hand and offi	icial seal			
(seal)		/81 .	• • •	-
NA		•	signature)	
My commission expires on				
	(Date)			
	For Statement of E	ducational Pu	rpose	
			•	
Certifications and Sign	atures			
			WARNING: If you purpos	sely give false or
			misleading information you	
			sent to prison, or both.	
Each person signing below ce				
information reported is comp	piete and correct.			
Print Student's Name		Student's	ID Number	
Student's Signature (Required	(k		Date	
Description 12 12 12				
Parent Signature (Required)		D	ate	

Revised 09/2022