

2024-2025 Verification Worksheet Dependent Student- Tracking Group V-5



Your 2024-2025 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for a process called verification. Therefore, we are required to confirm the information reported on your FAFSA. To verify that you provided correct information, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and any other required documents and make corrections as needed to the Federal Student Aid processor. Title IV awards will not be processed until all documents are verified. If you have questions about verification, please contact the Jackson College Office of Financial Aid at (517) 796-8410.

#)		Student's Date of Birth
ate	Zip Code	Student's Primary Phone # (Include Area Code)
	#) ate	

STEP 2: Dependent Student's Family Information:

List below the people in your **parents' household**. Include:

- > Yourself
- Your parent(s), (including a stepparent), even if you do not live with your parent(s).
- Your parents' other children if they meet one of the two standards below, even if they do not live with your parents:
 - Your parents will provide more than half of their support from July 1, 2024, through June 30, 2025.
 - o If the other children would be required to provide parental information if they were completing a 2024-2025 FAFSA.
- > Do NOT include foster children.
- > Other people if they now live with your parents **and** your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2024.
- ➤ Include the name of the postsecondary institution for any household member (under 24 years of age) who will be enrolled, <u>at least half-time</u>, in a degree, diploma, or certificate program any time between **July 1**, 2024, and **June 30**, 2025.

Full Name	Age	Relationship
Missy Jones (example)	18	Sister
		Self



STEP 3: Income Information to be Verified:

JC Student ID #:	
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Must be completed, check one option each for student and parent

Student	Parent
O Student filed taxes	O Parent filed taxes
O Student had no income, did not file taxes	O Parent had no income, did not file taxes
O Student had income, did not file taxes: W-2's attached	• Parent had income, did not file taxes: W-2's attached.

Only complete this section if the student/parent earned income <u>but did not file</u> a 2022 income tax return with the IRS.			
Please list below the names of all employers in 2022 and provide a W-2 for each.			
Employor's Nama	2022 Amount Formed	Student or Perent Income	
Employer's Name Suzy's Auto Body Shop (example)	2022 Amount Earned \$2,000.00 (example)	Student or Parent Income Student/Parent	
1 0			

STEP 4: Choose **EITHER** Option 1 (sign with Jackson College employee) **OR** Option 2 (sign with notary)

Option 1: Identity/Statement of Educational Purpose:

You must also bring the following (original) documentation so the Jackson College staff can make a copy.

SOURCE DOCUMENTATION				JC Employee Initials
Unexpired valid government-issued identification card, or passport.	photo identification (I	D), i.e., driver's license, state	□ Yes	
I certify that I		_ am the individual signing t	his Statement	of Educational
Purpose and that the Federal studer purposes and to pay the cost of atte	nt financial assistanc	•		ational
Student's Signature	Date	Parent's Signature		Date
I verified the applicant's identity	in person and rece	ived the above information (directly from t	the applicant.
Jackson College Authorized Indivi	dual- <i>Print</i> Jac	ekson College Authorized Inc	dividual- <i>Signa</i>	ture Date



Option 2: Identity/Statement of Educational Purpos	se: JC Student ID #
(Must be Signed by Notary)	
Original document with copy of a valid government-is the notary statement below, such as but not limited to must be submitted.	ssued photo identification (ID) that is acknowledged in o a driver's license, other state-issued ID, or passport
•	_ am the individual signing this Statement of Educationa
(Print Student's Name) Purpose and that the Federal student financial assistance purposes and to pay the cost of attending Jackson College	
Student's Signature (Required) Date	Parent's Signature (Required) Date
Notary's Certificat	te of Acknowledgement
State of City/County of	, on, (Date)
before me,(Notary's Name)	personally appeared
(Printed Name of Student)	, and provided to me on basis of satisfactory
evidence of identification(Type of government-issue signed the foregoing instrument.	to be the above-named person who ed ID provided)
WITNESS my hand and official seal	(Notary Signature)
My commission expires on(Date)	

Continue to Step 5:



STEP 5: Certification and Signatures:	JC Student ID #:
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WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

By signing this worksheet, you certify that all the information reported on it is complete and correct.		
Student's Signature:	_Date	
Parent's Signature	Data	

STEP 6: Submit Completed Documentation:

If notarized, please mail your completed form and copy of your State ID or driver's license to:

Jackson College Office of Financial Aid
2111 Emmons Road
Jackson, Michigan 49201