

2019-2020 DEPEN School:	IDENI		STANDARL	VERIFICA	IION	GROUP PAGE 1	
dent Name:   SSN:						FAGE I	
Your 2019–2020 Free Application of Federal Student Aid, we may ask years a with the information on this need to be corrected. You and a part of the below fields, a separate sheet the below fields, a separate sheet that of the below the people in the parent parent(s)/stepparent will provide more provide parental information for the parents. Also include other peoprovide more than half of that persime in a degree, diploma, or certification.	rou to confirm the information of a carent whose information of the form and other required may be attached to compound to the contact us as soon as possible. The contact us as soon as possible in the contact us as soon as possible in the contact us as soon as possible in the contact us as soon as possible. The contact us as soon as possible in the contact us as soon as p	ation you rep document an was reported d documents elete the data ssible so that the parent(s)/s ort for from J FAFSA for 2 the parent(s)/s e 30, 2020. I	orted on your FAFSA. To ve d with any other required do l on the FAFSA must comple to us. We may ask for add i. In addition, the student an it your financial aid will not be stepparent; the student for we duly 1, 2019 through June 30 2019–2020. Include children and the parent(s) provide include the name of the colle	erify that you provide ocuments. If there are the and sign this institutional information. Sid parent will need to be delayed.  The whom verification is the control of the control of the ege for any household occurred to the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control of the ege for any household occurred the control occurred the contro	ed correct in the difference of the parent of these stands of the person of the pers	information, we will compare your les, your FAFSA information may be rification document, attach any tional space be required for any odate each additional sheet. If you be leted; and other children whom that(s)/stepparent would be required dards even if they do not live with son's support and will continue to r who will be enrolled at least half-	
Full Name		The Publication I Collins			llogo	At Loost 4/2 Time	
Full Name	)	Age Relationship College		liege	At Least 1/2 Time Yes		
			3011			163	
. STUDENT'S INCOME INFORM	ATION TO BE VERIFIED	O - Check bo	exes that apply	<u> </u>			
) TAX FILERS							
	2017 and has listed below	w the names	of all 2017 employers and	the amount earned t		All applicable 2017 W-2(s) will er even if the employer did not	
	Nome ONLY COMPLET	TE IE NOT E	ILING 2017 INCOME TAX F	DETIIDN	T	2017 Amount Earned	
Employer's i	varie - ONLT COMPLET	IE IF NOT F	ILING 2017 INCOME TAX F	KETUKN		\$	
						<u>φ</u> \$	
						\$ \$	
. PARENT'S INCOME INFORMA	TION TO BE VERIFIED	- Check box	es that apply			<u> </u>	
Parent 1, Parent 2, the parent(s) have used the Parent 1, Parent 2, the parent(s) are unable or cdated 2017 IRS Tax Return(s)	Both:					eturn Transcript(s) or a signed an	
authority dated on or after Oct Parent 1, Parent 2, one or both parents were er	Both: d in 2017, and therefore, of tober 1, 2018, will need to Both: mployed in 2017 and have Provide copies of all 2017 elease attach confirmation	didn't have a to be include e listed below 7 IRS W-2 fo to of non-filing	iny income earned from word. If the parent(s) is not able we the names of all 2017 empressions and the parents but from the IRS or other relevant	rk. Confirmation of reto obtain, please coolings and the amount of their employers. L	non-filing from plete the sum of	om the IRS or other relevant taxing Verification of Non-Filing Form.  I from each. All applicable 2017 Wimployer even if the employer did	
Employer's I	Name - ONLY COMPLET	TE IF NOT F	LING 2017 INCOME TAX F	RETURN		2017 Amount Earned	
						\$	
						\$	
CERTIFICATION AND SIGNAT	TIPES					\$	
<ul> <li>CERTIFICATION AND SIGNAT y signing below, you certify that a</li> </ul>		rted is compl	ete and correct. The studen	· · · · · · · · · · · · · · · · · · ·			
						you purposely give false	
<u> </u>				sheet, yo	formation on this ou may be fined, sentence n.		
Parent Signature			Date		, <del>-</del> -		