



2021-2022  
V5 Independent Verification Worksheet

**STUDENT INFORMATION**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last Name (please print) First Name M.I. Date of Birth

\_\_\_\_\_ XXX-XX-\_\_\_\_\_  
Student ID Last 4 Digits of Social Security # Telephone Number to best reach you

**HOUSEHOLD INFORMATION**

List the people in your student's household according to the below instructions:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2021, through June 30, 2022, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse 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, 2022.
- Include college name in the space below for any household member who will be enrolled in a degree, diploma, or certificate program at a postsecondary institution at least half time between July 1, 2021 and June 30, 2022.

	FULL NAME	AGE	RELATIONSHIP TO YOU	COLLEGE
1.			SELF	GCU
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**STUDENT'S INCOME INFORMATION TO BE VERIFIED**

Instructions in retrieving required tax documents are on back of the page.

You have used the IRS Data Retrieval Tool on the FAFSA (DO NOT list income below).

**NOTE: If the student and spouse filed separate 2019 IRS income tax returns, the IRS DRT cannot be used and the 2019 IRS Tax Return Transcript(s) must be provided for each.**

You are submitting a 2019 Tax Return Transcript (DO NOT list income below).

You worked in 2019 but were not required to file. List all 2019 employer and income information below. Provide your 2019 Wage & Income Transcript from the IRS.

You did not work in 2019.

EMPLOYER'S NAME/INCOME SOURCE	2019 INCOME

ADDITIONAL FINANCIAL INFORMATION	
1. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings). Please refer to Box 12 of your W-2('s). If blank, then put \$0.	\$
2. Child support <b>received</b> for all children in 2019. Don't include foster or adoption payments.	\$
3. Housing, food and other living allowances paid to members of the clergy, military or others	\$
4. Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Comprehensive, and/or VA Educational Work-Study allowances.	\$
5. Other untaxed income not reported such as worker's compensation, disability (not SSD or SSI), untaxed portions of health savings accounts (refer to IRS 1040 form, line 25) etc.	\$

STUDENTS WHO REPORT **NO** SOURCE OF INCOME MAY BE REQUIRED TO FURTHER SUBSTANTIATE HOW THEY SUPPORTED THE FAMILY IN 2019 WITH ADDITIONAL WORKSHEETS AND/OR DOCUMENTATION.

**TAX RETRIEVAL INFORMATION**

*The student is required to submit 2019 Federal tax information.*

The only acceptable methods to submit Federal tax information are:

1. Directly importing 2019 IRS information into your FAFSA application through the IRS Data Retrieval Tool.  
**OR**
2. By submitting a copy of your **2019 TAX RETURN TRANSCRIPT**. To request a **2019 TAX RETURN TRANSCRIPT**, please visit <https://www.irs.gov/individuals/get-transcript>. \*If you are having issues retrieving your 2019 tax information, please call the IRS at 1-800-829-1040.\*

*By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Office of Financial Aid to perform necessary electronic ISIR corrections on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information, I/we may be fined, sentenced to jail or both. If you are a dependent student, one parent **must** sign below.*

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**STUDENT – HIGH SCHOOL COMPLETION STATUS**

Provide one of the following documents that indicate you have, or will have a high school diploma or GED at the time you begin taking classes at Georgian Court University. Please check the box indicating the document you are providing:

- Copy of your high school diploma
- Copy of your final official high school transcript that shows the date the diploma was awarded
- Copy of your General Educational Development (GED) certificate or GED transcript
- An academic transcript that indicates that you successfully completed at least a two-year college program that is acceptable for full credit toward a bachelor's degree (Please note, this option will take additional time in completing your verification for the evaluation of your transcripts)
- If a State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential or a copy of your transcript or equivalent signed by a parent or guardian
- I do **NOT** have a high school diploma or GED

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE  
(TO BE SIGNED IN PERSON AT THE CAMPUS FINANCIAL AID OFFICE)**

You must appear in person at the Office of Financial Aid to verify your identity by presenting a valid government issued photo identification (ID) such as, but not limited to, a driver’s license, other state-issued ID or passport. The Office of Financial Aid will maintain a copy of your photo ID with the date it was received and the institutional staff member who is authorized to collect the ID.

In addition, you must sign, in the presence of an authorized staff member in the Office of Financial Aid the following:

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Education 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 Georgian Court University for the 2021-22 academic award year.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

_____
Office Use Only/Staff Initials

By signing below, I/we certify the information reported on this worksheet is complete and accurate and authorize the Office of Financial Aid to perform necessary electronic ISIR corrections on my behalf. I/we agree to provide proof of any information reported on this form or on my FAFSA. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we also understand if we purposely give false or misleading information, I/we may be fined, sentenced to jail or both. If you are a dependent student, one parent **must** sign below.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse’s Signature

\_\_\_\_\_  
Date

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE**  
**(TO BE SIGNED WITH A NOTARY)**

If you are unable to appear in person at the Office of Financial Aid at Georgian Court University to verify your identity, you must provide:

- a. A copy of the valid government issued photo identification (ID) that is acknowledged in the notary statement below such as, but not limited to, a driver's license, other state-issued ID or passport; and
- b. The original notarized Statement of Educational Purpose provided below

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of Education 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 Georgian Court University for the 2021-22 academic award year.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Notary's Certificate of Acknowledgement**

State/of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and provided to me on basis  
(Printed name of signer)

of satisfactory evidence of identification. \_\_\_\_\_  
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(date)