



## 2023-2024 Independent Student Verification Worksheet

Your FAFSA application was flagged by the U.S. Department of Education or by the institution for a review process known as "Verification". As part of this process, we are required to verify the information you provided on the Free Application for Federal Student Aid (FAFSA) before disbursing financial assistance. Corrections to your FAFSA may be made once verification items are submitted and reviewed by our staff.

**Level  
#6**

You are asked to provide the requested information within **three weeks** of our request (but no later than one month prior to your planned enrollment) to allow us time to provide you with complete and accurate information about your eligibility for financial assistance. Failure to provide this information will prevent us from disbursing financial assistance to you and may result in you not being allowed to enroll if you have not secured the funding necessary to cover your out-of-pocket costs. The sooner you provide us with this information, the longer we have to plan appropriately for your attendance at Monmouth College.

### A. Student Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Permanent Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Birth date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### B. Spouse's (if you have one) Contact Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Permanent Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Birth date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Preferred Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### C. Household Information: List Below the people in the Student's household. Include:

- 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, 2023, through June 30, 2024, 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 that person's support through June 30, 2024.

Full Legal Name	Relationship to you (Spouse/Child)	Age	If Enrolled at least half time from July 2023 - June 2024 list name of College below	Year in college during 2023-2024 (Fr/So/Jr/Sr)
1.	<b>yourself</b>		<b>Monmouth College</b>	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you have more than 8 members in your household, please attach an additional page outlining additional members of the household.





**F. Other Untaxed Income in 2021 not viewable on a federal tax return:**

Please do not leave any question blank. If the answer does not apply, indicate by putting a \$0 or N/A.

- Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement. Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_
- Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits.) Don't include the value of on-base military housing or the value of a basic military allowance for housing. Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_
- Veterans non-education benefits, such as Disability, Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study Allowances. Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_
- Other untaxed income not reported on the FAFSA, such as workers' compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1 – line 12. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment ACT educational benefits, on-base military housing or military housing allowance, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_
- Payments to tax-deferred pension and retirement savings plans paid directly or withheld from earnings, including but not limited to amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S. Student \$\_\_\_\_\_ Spouse \$\_\_\_\_\_

**G. Explanation of Financial Support:** If you have indicated you are not required to file a tax return in Item D and Item E above, and if you have little or no sources of income listed in Item F above, then you are required to explain how the family was financially supported during the 2021 calendar year. Please do not leave any question blank. If the answer does not apply, indicate by putting a \$0 or N/A.

- Members of my household receive Child Support payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Supplemental Nutrition Assistance Program (SNAP) in the amount of: \_\_\_\_\_ per month.
- Members of my household receive free or reduced price school lunch payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Temporary Assistance for Needy Families (TANF) payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) payments in the amount of: \_\_\_\_\_ per month.
- Members of my household receive untaxed Social Security benefits in the amount of: \_\_\_\_\_ per month.
- Members of my household receive Supplemental Security Income in the amount of: \_\_\_\_\_ per month.
- Members of my household receive foster care or adoption payments in the amount of: \_\_\_\_\_ per month.
- Other: Explain here if there is any other income in the household, including extended family members or friends that are helping support the family. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Required Signatures:**

Each person(s) signing below certify that all the information reported on this worksheet is complete and correct.

Student's Signature	Date	Spouse's Signature (if applicable)	Date	