

Lawson State Community College 2022-2023 Verification Worksheet Federal Student Aid Programs

Your application was selected for review in a process called “verification.” In this process, we will be comparing information from your application with selected verification items as deemed required by the US Dept. of Ed. If there are differences between your application information and your financial documents, we may need to make corrections electronically. **Your financial aid will not be processed until verification has been completed; therefore, please provide the required documents as soon as possible to prevent a delay in your financial aid.**

What you should do.....

1. Collect yours and your parent(s)’ requested documents.
2. Complete and sign the worksheet.
3. Submit the completed worksheet, tax transcript(s), and any other documents requested to our Office.

Lawson State Community College must review the requested information under the financial aid program rules (CFR Title 34, Part 668) and make the required changes.

Student Information

Last Name	First Name	M.I.	Student Number (ID number)
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

Family Information

List the people in your or *your parent(s)'* household including:

- Yourself, spouse, children *or* your parent(s) (including stepparent) **even if you don’t live with your parents**, and
- Yours or your parents’ other children, even if they don’t live with you or your parent(s), if (a) you or your parent will provide more than half of their support from July 1, 2022, through June 30, 2023, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with you or your parents, and you or your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022, through June 30, 2023.

Write your name and the names of all household members in the spaces below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2022, and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE <i>if enrolled at least half time</i>
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Lawson State Community College</i>
		S E L F	

TAX FORMS AND INCOME INFORMATION

Check **one** box only in each column. Request a tax transcript, free of charge, from the Internal Revenue Service by phone (1-844-545-5640) or on-line at www.irs.gov, or <http://www.irsdataretrievaltool.com/order-tax-return-transcript> . Verification cannot be completed until the IRS tax transcript(s) has been submitted to the College.

STUDENT and SPOUSE

- I retrieved tax information from IRS and did not change it.
- Check and attach **signed 2020 U.S. tax transcript**.
- Check here if you **will not** file and **are not** required to file a 2020 U.S. Income Tax Return. If applicable, submit W-2(s).

PARENT(S)

- I retrieved tax information from IRS and did not change it.
- Check and attach **signed 2020 U.S. tax transcript**.
- Check here if you **will not** file and **are not** required to 2020 U.S. Income Tax Return. If applicable, submit W-2(s).

Verification V5

Use the tables below to report annual amounts.

Student	2022 Additional Financial Information	Parent
\$	Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040 (line 49) or 1040A (line 31).	\$
2020 Untaxed Income		
\$	Payments to tax-deferred pension and 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.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh, and other qualified plans from IRS Form 1040 (total of lines 28 plus 32) or 1040A (line 17).	\$
\$	Tax exempt interest income from IRS Form 1040 (line 8b) or 1040A (line 8b).	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040 (lines 15a minus 15b) or 1040-A (lines 11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040 (lines 16a minus 16b) or 1040-A (lines 12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$

NON TAX FILERS Only

If you, your spouse, and/or your parents did not file (and are not required to file a 2020 Federal income tax return), list below employer(s) and any income received in 2020. **A copy of your W-2(s) and an IRS non-filer form is required.**

Student's Employer(s)	2020 Amount

Parents' Employer(s)	2020 Amount

Other Information to Be Verified

1. Complete this section if someone in your or your parent's household (listed in Family Information) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2020 or 2021 calendar years.

I certify that a member of my household, as listed in Family Information of this worksheet, received SNAP benefits in 2020 or 2021. If requested, I will provide documentation of the receipt of SNAP benefits during 2020 and/or 2021.

2. Complete this section if you or your parents paid child support in 2020.

Student or one (or both) of the student's parents listed in Family Information of this worksheet paid child support in 2020. Indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2020 for each child. If requested, I will provide documentation of the payment of child support. *If you need more space, attach a separate page.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2020
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Sign this Worksheet

By signing this worksheet, we certify that all the information reported, to qualify for Federal student aid, is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student

Date

Parent (if required)

Date

RETURN FORM TO LAWSON STATE COMMUNITY COLLEGE AT ONE OF THE ADDRESSES BELOW

Bessemer Campus
1100 9th Avenue SW
Bessemer, AL 35022
(205) 929-3423

Birmingham Campus
3060 Wilson Road
Birmingham, AL 35221
(205) 929-6380

**Lawson State Community College
2022-2023 Identity and Statement of Educational Purpose
Federal Student Aid Programs**

V4/V5

Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Student Number (ID number)
_____ Address (include apt. no.)			_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Phone Number (include area code)

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

The student must appear in person at Lawson State Community College to verify his or her 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 institution will maintain a copy of student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose
(Print Student's Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lawson State Community College for 2022-2023.

_____ Student's Signature	_____ Student's ID Number	_____ Date
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<u>For FA Officer's Use Only</u>
_____ Signature of Official Receiving ID
_____ Date Received