

Verification Worksheet 2023–2024

Please upload all documents using the Document Upload through your MySSU account. You may also mail your information to: Shawnee State University, Financial Aid Office, 940 Second Street, Portsmouth Ohio, 45662 or fax to 740-351-3435. Please do not email any documents.

Student Information							
Nan	ne		Student ID				
Add	lress (include Apt. Number)	Date of Birth					
City	7 State	Zip	Phone Number (include area code)				
Fa	mily Information (check one)						
	Independent Students: List the people in your household, include: (A) yourself and your spouse if you are married; (B) your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024; (C) other people if they now live with you and you provide more than half of their support and will continue to provide more than hal of their support from July 1, 2023 through June 30, 2024.						
	Dependent Students: List the people in your parents' household, include: (A) yourself and your parent(s) (including stepparent) even if you don't live with your parents; (B) your parents' other children, even if they don't live with your parent(s), if your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 or the children would be required to provide parental information when applying for Federal Student Aid; (C) 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 from July 1, 2023 through June 30, 2024.						

List the names and ages of all household members in the space below:

If more space is needed, attach a separate page with the student's name and student ID at the top.

Full Name	Age	Relationship	*College	*Will be Enrolled at Least Half Time
Marty Jones (example)	28	Wife	Central University	Yes
		SELF		

^{*} If any household members will be attending college at least half-time between July 1, 2023 and June 30, 2024, and will be enrolled in a degree or certificate program, include the name of the college.

Student Name:					
Student ID:					
Please visit the Financial Aid website's FAFSA verification link if the samended IRS income tax return, or were victims of IRS identity theft					
Student and Spouse (if married) Tax and Income I	nformation				
Check the box that applies (check only one):					
Tax Filers:The student and spouse (if married) has filed taxes an Data Retrieval tool in FASFA on the web.	d will provide a 2021 tax return tra	nscript or complete the IRS			
Non-tax Filers:					
☐ The student and/or spouse was not employed and had Please request and submit a verification of Non-Filing la		021. Independent students:			
The student and/or spouse was employed in 2021 and amount earned from each employer in 2021, and who not issue an IRS W-2 form. If more space is needed, attack	d has listed below the names of all t ether an IRS W-2 form is attached. <i>I</i>	List every employer even if they dia			
Employer's Name	2021 Amount Earned	IRS W-2 Attached?			
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)			
Check the box that applies (check only one): Tax Filers: The parent(s) has filed taxes and will provide a 2021 of FASFA on the web. Non-tax Filers: The parent(s) was not employed and had no income of request and submit a verification of Non-Filing letter from Each employer in 2021 and has listed be from each employer in 2021, and whether an IRS We to the parent(s) by employers. List every employer even	earned from work in 2021. <i>Parents is om the IRS</i> . elow the names of all the parent's ending the second of the parent's ending the second of	included on FASFA will need to nployers, the amount earned f all 2021 IRS W-2 forms issued n. Also, please provide a statemen			
of non-filing from the IRS. If more space is needed, attach a separate page with the student's name and student ID at the top.					
Employer's Name	2021 Amount Earned	IRS W-2 Attached?			
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)			
Sign this Worksheet					
Each person signing this worksheet certifies that all of the information resign and date. WARNING: If you purposely give false or misleading inf					
Student Date	Parent	Date			