

## Verification Worksheet 2024–2025

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 877-940-2505. Please do not email any documents.

Student Information					
Name			Student ID		
Address (include Ap	ot. Number)	Date of Birth			
City	State	Zip	Phone Number (include area code)		
Family Inforn	nation (check one)				
(B) your child if they now li	dren, if you will provide mor	re than half of their support for e more than half of their supp	A) yourself and your spouse if you are married; rom July 1, 2024 through June 30, 2025; (C) other people port and will continue to provide more than half of their		
stepparent) e parent(s), if y would be req with your par	ven if you don't live with yo your parents will provide mo uired to provide parental in	our parents; (B) your parents' or ore than half of their support to formation when applying for ride more than half of their su	lude: (A) yourself and your parent(s) (including other children, even if they don't live with your from July 1, 2024 through June 30, 2025 or the children Federal Student Aid; (C) other people if they now live pport and will continue to provide more than half of		

## 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		

<sup>\*</sup>If any household members will be attending college at least half-time between July 1, 2024 and June 30, 2025, 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 an amended IRS income tax return, or were victims of IRS ide		
Student and Spouse (if married) Tax and Inco	me Information	
Check the box that applies (check only one):		
Tax Filers:		
☐ The student and spouse (if married) has filed to Data Retrieval tool in FASFA on the web.	axes and will provide a 2022 tax return tr	anscript or complete the IRS
Non-tax Filers:		
☐ The student and/or spouse was not employed:  Please request and submit a verification of Non-Filing.		2022. Independent students:
☐ The student and/or spouse was employed in 20 amount earned from each employer in 2022, an issue an IRS W-2 form. If more space is needed, attach	d whether an IRS W-2 form is attached.	List every employer even if they did not
Employer's Name	2022 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (example)	\$2,000.00 (example)	Yes (example)
parents. Check the box that applies (check only one):  Tax Filers:  The parent(s) has filed taxes and will provide a FASFA on the web.  Non-tax Filers:  The parent(s) was not employed and had no increquest and submit a verification of Non-Filing letter from the parent(s) was employed in 2022 and has list from each employer in 2022, and whether an It to the parent(s) by employers. List every employer filing from the IRS. If more space is needed, attach a see	come earned from work in 2022. Parents from the IRS.  sted below the names of all the parent's earnest RS W-2 form is attached. Attach copies to reven if they did not issue an IRS W-2 form.	included on FASFA will need to employers, the amount earned of all 2022 IRS W-2 forms issue Also, please provide a statement of no
Employer's Name	2022 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 informmust sign and date. WARNING: If you purposely give false or moth.		_
Student Da	ate Parent	Date