

2022-2023 Dependent Standard Verification Worksheet

Federal Student Aid Programs

Your application was selected for review in a process called "Verification". In this process, the College of Menominee Nation (CMN) will compare information from your FAFSA with this worksheet and financial documents you will submit. The law states we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and your financial documents, the College of Menominee Nation may need to make electronic corrections to your FAFSA. Contact the Financial Aid Office at the College of Menominee Nation at (715) 799-6226 ex 3237 if you have questions about the worksheet.

INSTRUCTIONS

- 1. Submit 2020 financial documents (W-2 forms, 1099 forms, 1098-T forms, etc)
- 2. Complete all sections of this worksheet in full.
- 3. Submit the completed and signed worksheet and/or any other documents requested to the Financial Aid Office at CMN.
- 4. Transfer 2020 Federal Income Tax Return information using the FAFSA IRS Data Retrieval Tool— *To transfer IRS tax return information, go to www.fafsa.gov.*

Or

Submit a copy of **2020 IRS tax return or transcript(s)**— To obtain an IRS tax return transcript, go to <u>www.IRS.gov</u> and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946.

1. Student Information

Last Name	First Name	M.I.	SSN or CMN Student ID Number	
Mailing Address (include apt. no.)			Date of Birth	
City	State ZIP Code		Phone Number (include area code)	
Number of Household Me	mhers and Number in College			

Number of Household Members and Number in Conege

- 1. List below the people in the parent's household, including:
 - a. The student.
 - b. The parent(s) (including a stepparent) even if the student doesn't live with the parent(s).
 - c. **The parent(s)'other's children**, if the parent(s) will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. Include children who meet either of these standards, even if they do not live with the parent(s).
 - d. **Other people** if they now live with the parent(s) and the parent(s) provides more than half of their support and will continue to provide more than half of their support through June 30, 2023.
- 2. Include the name of the college for any household member, excluding the parent(s) who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022, and June 30, 2023.

Full Name	Age	Relationship	College	Will be Enrolled at
				Least Half Time
Marty Jones(example)	20	sister	Central University	Yes
		Self		

^{*}If more space is needed, attach a separate page with your name and Social Security Number at the top

3. De	ependent Student's Information (all ap	plicants) -				
1.	Check the box that applies: a.	ed, did not have income and had income, but am no	l is not re t required	quired to file a 2020 I I to file a 2020 Feder		
	NON-TAX FILERS (Complete ONLY if Box	c c is checked):				
	Employer's Na	me	202	0 Amount Earned	IRS W-2 Attached?	
	Suzy's Auto Body Shop (example)			\$2,000.00		
					П	
	* If more space is needed, a	ttach a separate page with	vour name	e and Social Security	Number at the top	
	zy more space is necesca, a	maen a separare page min	, 0 111 11011110	and Social Scommy	Trumber at the top	
4. Pa	rent(s)' Information					
	employer(s) and the amount th NON-TAX FILERS (Complete ONLY)	if Box c is checked):				
	Employer's Na	me	2020 Amount Earned		IRS W-2 Attached?	
	Suzy's Auto Body Shop (example)		\$2,000.00			
	* If more space is needed, a	ttach a separate page with	your name	e and Social Security	Number at the top	
- ~				·	•	
Each per	ertification and Signature rson signing below certifies that all of the informatect. The student and one parent whose informateust sign and date.			misleading inform	u purposely give false or ation on this worksheet, you entenced to iail, or both.	
	t's Cignoture (Doguirod)		_	_	of Menominee Nation ancial Aid Office	
studen	t's Signature (Required)	Date		PO BOX 1	1179 . WI 54135	
Parent's Signature (Required)		 Date	_		715) 799-6226	
		Date	Fax: (715) 799-5602			
				- 40	nancialaid@menominee.edu	