R		
Student Rocket Number	Student Last Name	Student First Name



2023-24 INDEPENDENT STUDENT VERIFICATION WORKSHEET

COMPLETE WITH BLACK INK ONLY. ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Your Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Through verification, the Office of Student Financial Aid compares the information you reported on your FAFSA with additional documents. Complete this form as soon as possible to avoid processing delays.

	SECTION A: STUDENT TAX FILING STATU	JS			
Che	ck one of the following:				
	I filed a 2021 Federal Tax Return.				
	I did not, will not, and am not required to file a 2021 Federal Tax Return.				
	You are required to submit a copy of your IRS Verification of Non-filing Letter for 2021 from the IRS. You must also answer the next two questions.	. Go to irs.	.gov/trans	script to r	equest this le
	Did you earn any income from work in 2021?	□ Y	'es*		No
	Did you receive any W-2s and/or 1099s for income earned from work in 2021?	□ Y	'es*		No
	*If you answered "Yes" to either question, you are required to complete SECTION C.				
	SECTION B: SPOUSE TAX FILING STATUS				
	SECTION B: SPOUSE TAX FILING STATUS ONLY COMPLETE THIS SECTION IF YOU ARE MAKE				
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IMPLETE THIS SECTION IF TOO OR TOUR SPOUSE (IF TOO ARE MARKIED) DID NOT FILE A 2021 TAX RETURN.

Using W-2 forms or other earnings statements, list below all employers and income earned from each employer by the student/spouse in 2021. If you received 2021 W-2s, attach copies. Attach an additional page, if needed.

Student/Spouse Name	Employer/Source of Income Earned from Work in 2021	2021 Amount
		\$
		\$
		\$
		\$

YOU MUST ALSO COMPLETE PAGE 2.

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<u>R</u>				
Student Rocket Number Studen	it Last N	ame	Student First N	ame
	SECT	TION D: HOUSEHOLD	MEMBERS	
List below your household members, includi	ing:			
 Yourself. Your spouse (if you are married). Your and your spouse's children. List child July 1, 2023, through June 30, 2024, or the Other people, if they live with you and you continue to receive this support from July 1 	e childre ur spous	n would be considered depe se, they receive more than I	endent when applying for federa nalf of their support from you a	al student aid. and your spouse, and they will
FULL NAME OF EACH HOUSEHOLD MEMBER	AGE	RELATIONSHIP TO STUDENT (e.g., spouse, child, etc.)	NAME OF COLLEGE (if the household member will be attending college at least half-time between July 1, 2023, and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program)	ENROLLMENT STATUS (FT/HT/LHT) Indicate the enrollment status of household members who will be attending college: FT (12 or more credit hours), HT (6-11 credit hours), or LHT (1-5 credit hours)
		Self	The University of Toledo	

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

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		TO RETURN THIS FORM:	
Student Signature	Date	Upload to:	myUT.utoledo.edu "My Financial Aid" "Secure Financial Aid Document Upload"
Spouse Signature	Date	Mail to:	The University of Toledo Office of Student Financial Aid 2801 West Bancroft Street, Mail Stop 314 Toledo, OH 43606-3390
Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.		In person:	Rocket Solution Central 1200 Rocket Hall
		Fax to:	419.530.5835