

2020-2021 Independent Student Verification Worksheet

Your application was selected for a process called “verification”. Before we can determine your aid package, we are required to collect the following information to verify the accuracy of the information that you reported on your FAFSA.

1. If you and/or your spouse filed a 2018 Federal Tax Return, you must either use the IRS Data Retrieval process within the FAFSA to transfer your income tax information or provide a copy of your IRS Tax Return Transcript. You may request a Tax Return Transcript or IRS Non-filing Letter by calling the IRS at 1-800-908-9946 or by ordering online at [irs.gov](https://www.irs.gov).
2. You and your spouse (if married) must complete, sign and return this worksheet along with the required supporting documentation listed below.

Section A: Student Information

Last Name	First Name	MI	Christopher Newport Student ID#
Address			Social Security Number
City	State	Zip Code	Area Code and Phone Number

Section B: Family Information

Number of Household Members: List below the people in your household. Include the following:

- The student (yourself).
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2020, through June 30, 2021.
- Other people if they now live with the student and the student or spouse provides more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2020.

Write the names of all household members in the spaces below. Include the name of the College or University for any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020, and June 30, 2021.

Full Name	Age	Relationship	College or University
		<i>Self</i>	<i>Christopher Newport University</i>

Note: We may require additional documentation if we have reason to believe that the information regarding the household members is inaccurate.

Section C: Additional Information

Do not leave blank – answer ‘zero’ or ‘N/A’ if not applicable.

	Student	Spouse
Payments to tax-deferred pension and savings plans, including amounts reported on the 2018 W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.		
Total amount in child support received during 2018 for all children. Do not include foster care.		
Total amount in child support paid during 2018 because of divorce or separation. Do not include support for children in the household. Provide the following: Names of children receiving support: _____ Person to whom the support is paid: _____ Address where the child lives: _____		

Section D: Verification of 2018 Income Information for Student NON-TAX FILERS

*Complete this section **ONLY** if you (the student) and/or spouse **did not file** and **were not required to file** a 2018 income tax return with the IRS.*

The instructions and certifications below apply to the student and spouse, if the student is married.

Check the box that applies:

- The student and/or spouse were not employed and had no income earned from work in 2018. Provide a copy of an IRS Non-filing Letter for you and/or your spouse, if married.
- The student and/or spouse were employed in 2018 and list below the names of all employers and the amount earned from each employer in 2018. **Provide copies of all 2018 W-2 forms issued to the student and/or spouse by their employers and an IRS Non-filing Letter.** List every employer even if the employer did not issue a W-2 form.

Employer’s Name	W-2 Attached?	Annual Amount Earned in 2018
<i>(Example) ABC’s Auto Body Shop</i>	<i>Yes</i>	<i>\$4,500.00</i>
Total Amount of Income Earned From Work		\$

Section F: Sign This Worksheet

By signing this worksheet, we certify that all the information reported is complete and correct. We understand that purposely giving false or misleading information may result in fines and/or jail terms.

**Please note: The Christopher Newport University Office of Financial Aid may, at their discretion, request additional documentation.

Signature: _____
(Student)

Date: _____

Signature: _____
(Spouse-- Optional)

Date: _____