

2022-2023 Verification Worksheet

Additional Financial Information Form



Forms can be submitted to:

- Mailing address: Lake Region State College ▪ Financial Aid Office
 - 1801 College Drive N ▪ Devils Lake, ND 58301
- Phone: 1-800-443-1313 Ext 1516 or (701) 662-1516 ▪ E-mail for questions: merissa.halvorson@lrsc.edu ▪ Fax: 701-662-1666

Student Information — Please use student’s legal name, not nicknames

Last name	First name	M.I.	Student ID# or Last Four Digits of SSN
Current Address			Email Address
City	State	Zip Code	Date of Birth
Home Telephone Number			Cell Phone Number

Enter the amount received in **2020** for each of the items in the chart below. Use **yearly totals**, not monthly amounts.
Do not leave anything blank; if no income was received from the source listed, enter “\$0”.

FAFSA Questions 43 and 91	Type of Income	Student <small>Enter amount or \$0</small>	Parent <small>Enter Amount or \$0</small>
<i>Example: Taxable Excess Grants/Scholarships</i>	<i>Scholarship</i>	<i>\$500</i>	<i>\$0</i>
Education Credits Include amounts from IRS Form 1040, Schedule 3 – Line 3			
Child Support Paid Include 2020 (January 1 – December 31) child support paid because of a divorce, separation or legal requirement. DO NOT include support for children living in your household.			
Federal Work Study Include taxable 2020 Federal Work-Study and need-based employment portions of fellowships & assistantships earnings. Please list the name of the college/university from which you earned Federal Work-Study pay.			
Taxable Grants and/or Scholarships Include total grant or scholarship aid reported to the IRS as income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant & scholarship portions of fellowships & assistantships.			
Combat Pay or Special Combat Pay Only enter the amount that was taxable and included in your adjusted gross income. DO NOT include untaxed combat pay.			
Cooperative Education Include 2020 earnings from work under a cooperative education program offered by a college/university			

Do NOT make changes to the FAFSA while in the Verification process.

To ensure timely processing of your aid, we ask that you submit this completed form to the above address **within 2 weeks**. Your financial aid will not be processed until the Verification process has been completed.

I certify the information on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid and that the information provided on this form may affect my/my student’s financial aid eligibility/award.

Student Signature _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Parent Signature _____ **Date** _____

Note: Unsigned documents will be returned. This form must be signed with a physical signature. Typed names or electronic signatures are not acceptable.

Codes 400 & 401 Revised 12/2021