

# 2018-2019 Verification Worksheet

## Additional Financial Information Form



**Forms can be mailed/emailed or dropped off at:**

- 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: [doreen.hoffman@lrsc.edu](mailto:doreen.hoffman@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 **2016** 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”.

<b>FAFSA Questions 44 and 93</b>	<i>Type of Income</i>	<i>Student</i> <small>Enter amount or \$0</small>	<i>Parent</i> <small>Enter Amount or \$0</small>
<i>Example: Taxable Excess Grants/Scholarships</i>	<i>Scholarship</i>	<i>\$500</i>	<i>\$0</i>
<b>Education Credits</b> Include amounts from IRS Form 1040—line 50 or 1040A—line 33			
<b>Child Support Paid</b> Include 2016 (January 1 – December 31) child support paid because of a divorce, separation or legal requirement. <b>DO NOT</b> include support for children living in your household.			
<b>Federal Work Study</b> Include total amount of 2016 Federal Work-Study earnings. Please list the name of the college/university from which you earned Federal Work-Study pay.			
<b>Taxable Excess Grants and/or Scholarships</b> Include total excess grant or scholarship aid in excess of tuition fees, books, and required supplies, <u>included in your adjusted gross income on your 2016 Federal Tax Return.</u>			
<b>Combat Pay</b> Include your 2016 taxable combat pay included in your adjusted gross income. <b>DO NOT</b> include untaxed combat pay.			
<b>Cooperative Education</b> Include 2016 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 3/2018