

2019-2020 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 ▪ 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 **2017** 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 44 and 93	<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>
Education Credits <small>Include amounts from IRS Form 1040—line 50 or 1040A—line 33</small>			
Child Support Paid <small>Include 2017 (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.</small>			
Federal Work Study <small>Include total amount of 2017 Federal Work-Study earnings. Please list the name of the college/university from which you earned Federal Work-Study pay.</small>			
Taxable Excess Grants and/or Scholarships <small>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 2017 Federal Tax Return.</u></small>			
Combat Pay <small>Include your 2017 taxable combat pay included in your adjusted gross income. DO NOT include untaxed combat pay.</small>			
Cooperative Education <small>Include 2017 earnings from work under a cooperative education program offered by a college/university</small>			

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 12/2018