



Harvard College Griffin Financial Aid Office
 86 Brattle Street Cambridge MA 02138
 (p) 617.495.1581
 (f) 617.496.0256
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**Federal Verification Worksheet
 2019-2020**

Your application was selected by The Department of Education for review in a process called "Verification". In this process, we are required by federal regulations to verify information from your 2019-2020 FAFSA application. Any corrections that need to be made to the original FAFSA data will be done electronically by our office. If any corrections are made to the original FAFSA data, you will receive an updated Student Aid Report (SAR) from The Department of Education.

Complete this Verification form and submit it, along with any required supporting documents, to our office as soon as possible so that your financial aid will not be delayed. Please do not leave anything blank.

A. Student Information

Student Name: _____ Class of: _____
 HUID: _____

B. Family Information

Please check the box that indicates your **current status**, and then **list all the people in the household (as indicated below)**. Additionally, please list the name of the college for any siblings who will be attending college at least half-time between July 1, 2019 and June 30, 2020.

Dependent Student*

Please list below:

- **You and your parents** with whom you live, including stepparents
- **Your parents' dependent children**, if your parents will provide more than 50% of their support

Independent Student**

Please list below:

- **You and your spouse**, if married
- **Your dependent children**, if you will provide more than half of their support

* A student is considered dependent if he/she was required to provide parental data on the FAFSA

** A student is considered independent if he/she was not required to provide parental data on the FAFSA

Full Name	Age	Relationship (Student, Parent, Sibling)	Parent or Student Provides More than 50% Support	College
		Student		HARVARD

This form is required in compliance with the verification process of the U.S. Department of Education's Federal Student Aid Programs. Failure to complete the form may result in the withdrawal of federal aid. Knowingly false or misleading information submitted on this form is punishable by a fine and/or jail time.

C. Student's Income Information

Select one Box

- I have or will file a 2017 Federal Tax Return.
- I will not, and am not required to, file an income tax return for 2017.

→ If you are not filing, list below your employer(s) and **all** income received in 2017.

****Please attach copies of any 2017 W-2 tax forms received****

Sources	2017 W-2 Received?	Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

D. Parent's Income Information

Select one Box

- I have or will file a 2017 Federal Tax Return.
- I will not, and am not required to, file an income tax return for 2017.

→ If you are not filing, list below your employer(s) and **all** income received in 2017.

****Please attach copies of any 2017 W-2 tax forms received****

Sources	2017 W-2 Received?	Amount
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____

E. Sources of Untaxed Income in 2017

Answer all questions completely. Do not leave any fields blank. Please put "zero" if not applicable.

Alimony or spousal support received in 2017 and <u>not</u> reported on tax return:	\$ _____	\$ _____
Child support received in 2017:	\$ _____	\$ _____
Money received or paid on your behalf (e.g. bills, rent, tuition by a third party (e.g. other relatives, friends):	\$ _____	\$ _____
Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), Including, but not limited to, amounts reported on W-2 forms in Boxes 12A through 12d, codes, D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits):	\$ _____	\$ _____
Military, clergy, or other housing, food, or living allowance payment received (including cash payments and cash value benefits):	\$ _____	\$ _____
Amount of veteran non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowance:	\$ _____	\$ _____
Other untaxed income – list sources of income (e.g. worker's compensation, disability, etc): Source: _____ Source: _____		

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GOVERNMENT OR STATE BENEFITS RECEIVED BY YOUR HOUSEHOLD in 2017 (Check Yes or No) Note: You may be required to submit documentation of receiving benefits from providing agency.	
Medicaid or Supplemental Social Security Income (SSI) (Not survivor or Social Security Retirement Benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Free or Reduced-Price Lunch	<input type="checkbox"/> Yes <input type="checkbox"/> No

F. Sign this Worksheet

By signing this worksheet, we certify that all the information reported on it is complete and correct. **The student and at least one custodial parent must sign.** Electronic signatures are NOT acceptable.

Student: _____ Date: _____

Parent: _____ Date: _____

Parent email: _____

(Optional: If you would like us to contact you by email, should we have any questions.)