Office of Financial Aid 701 N. Clinton Street

Defiance, OH 43512 Phone: 419-783-2376 Fax: 419-783-2579

A. Student Information:

Student Name

**Email Address** 

**B. Family Information:** 



DC Office Use Only	DATE
PIRS	
SIRS	
Contacted	
Completed	

Social Security Number

**Phone Number** 

The U.S. Department of Education selected your financial aid application for a review in a process called verification. Verification is a process in which the Financial Aid Office determines the accuracy of the information provided on the FAFSA. Please provide the following information:

	Write the names of all family members in your household. List the name of the college if this family member will enroll at least ½ time between 7/1/2022 and 6/30/2023 in a degree, diploma or certification program at an eligible postsecondary educational institution.  Dependent Students: List the people that your parents will support between July 1, 2022 and June 30, 2023. Include yourself, your parents, and your parents' dependent children (if your parents provide more than half support).					
	Independent Students: List the and June 30, 2023. Include your than half their support).			vill support between July 1, 2022 nt children (if you provide more		
Full Name		Age	Relationship	College (enrolled ½ time)		
			Self	, , , , , , , , , , , , , , , , , , ,		

C.

	Federal Tax Re	eturn Filin	g Status	
Student (and Spouse) Filing S	tatus (check all that apply)	Parents Fil	ing Status (check all that a	ipply)
☐ I have filed a tax retu	rn for 2020.	□ Ih	ave filed a tax return fo	r 2020.
Submit a 2020 Tax Tra	anscript from the IRS	Sul	bmit a 2020 Tax Transcr	ipt from the IRS
or		or		
Used the Data retriev	al tool on the FAFSA.	Us	ed the Data retrieval to	ol on the FAFSA.
☐ I did not work or file a	a tax return	□ I di	id not work or file a tax	return
a tax return. List ever	was not required to file ry employer and amount if the employer did not below.	tax ea	rorked in 2020 <u>but was in teturn</u> . List every emp rned for 2020 even if th ue an IRS W-2 form belo	loyer and amount e employer did not
Employer's Name	Amount Earned in 2020 \$	Employer's	Name Amo	ount Earned in 2020
			\$	
	\$		\$	
D. Untaxed Portions of  IRS Distribution Information IRS Form 1040-line 15a \$ IRS Form1040A-line 11a \$	on:			Federal Tax Return)  □No □No
Pension Information:				
IRS Form 1040-lines 16a \$_ IRS Form 1040A-lines 12a \$	16b \$	Was	this a rollover?   Yes	□No
IRS Form 1040A-lines 12a Ş	5 12b \$	Was	s this a rollover? \( \square\) Yes	□No
E. Signatures				
Student Signature	 Date	Parent Signa	ature (if dependent)	Date

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

## **Identity and Statement of Educational Purpose**

**Instructions:** A student can complete this form either by providing the following documents and signing the Statement of Education Purpose in person at the Defiance College Financial Aid Office (steps 1-2) <u>or</u> completing steps 1-3 in the presence of a Notary.

**Step 1:** Required Documents for Verification of Identity

Present an unexpired valid government-issued photo identification (ID) such as, but not limited to a
driver's license, other state-issued ID or passport. Defiance College will maintain a copy of the student's
photo ID along with this form.

Step 2: Sign in the presence of Defiance College Financial Aid Office or Notary (step 3)

Statement of Educational	Purpose		
I certify that I ar	am the individual signing this		
(Print Student Name)			
Statement of Educational Purpose and that the federal st	udent financial assistance I may receive will		
only be used for educational purposes and to pay the cos	t of attending		
for 2	022-2023.		
(Name of Postsecondary Educational Institution)			
(Student Signature)	(Date)		
(Defiance College Financial Aid Official Name and Title, if applicable)	(Date verified)		

Step 3: Only complete if not appearing in person at the Defiance College Financial Aid Office

Notary	Certificate of Acknowledgeme	nt
State of		
City/County of		
On, before me,		
(Date)	(Notary name)	
personally appeared,		_, and provided to me
(Printed	I name of signer)	
on basis of satisfactory evidence of identific	cation	
	(Type of government-issued ph	oto ID provided)
to be the above-named person who signed	the foregoing instrument.	
WITNESS my hand and official seal (seal)		
	(Notary sig	gnature)
My commission expires on		
(Date)		