

Office of Financial Aid

2019-2020 Financial Aid Verification Form (VW1920)

The United States Department of Education has selected your FAFSA for review in a process called Verification. Please complete all three pages of this form and don't leave any item blank. Return this form to the Financial Aid Office by US Mail or FAX. For questions, call 717.691.6007.

		First Name	M.I.	Messiah Colle	ege Student ID	
Date of Birth	Home Phone Number	Stu	Student's E-mail		Parent's E-mail	
Section B - Tax Forn	ns and Income I	nformation (a	ıll applicants)			
If you have not already us	sed the IRS Data Re	etrieval Tool (IRS	DRT), you will need to su			
		• •	parent(s) or your spouse by MAIL" at www.irs.gov	,		
			a Transcript of Tax R			
(www.irs.gov/pub/irs-pdf/f/	4506t.pdf). Make su	ire to request th	e "IRS Tax Return Trans	cript" and No	OT the "IRS Tax	
Account Transcript." If you	u did not file a tax i	eturn, fill in the	information below and s	ubmit a copy	of your W-2s.	
Section C - Nontax Fil	<u>ers</u>					
			17 Federal income tax re			
			r spouse (independent stuoxes below that apply and			
•			,	provide dece		
a. I (We) did not file an	d are not required t nt: □ You □ Father		leral income tax return. ndependent Student: □ Yo	ui 🗆 Vour Coa	21100	
Dependent Stude	iii. 🗆 fou 🗆 raiiiei		·	•		
			nd to file a 2017 Fodoral in	come tay ret	urn lint balass the	
b. If the student or the p						
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Section D - 2017 Additional Financial Information: Enter "0" if the answer is "none".

Student/Spouse		
\$	Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household.	\$
\$	Taxable earnings from need-based employment programs, such as Federal Work-Study.	\$
\$	Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual as well as payments),grant and scholarship portions of fellowships and assistantships.	\$
\$	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	\$
Section E	E - 2017 Untaxed Income: Enter "0" if the answer is "none".	
\$	Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the 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).	\$
\$	Child support received for any of your children. Don't include foster or adoption payments.	\$
\$	Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers. If negative, enter a zero here.	\$
\$	Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.	\$
\$	Veterans non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
\$	Other untaxed income not reported above, such as worker's compensation, disability benefits, etc. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	\$
\$	Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$XXXXXXX

Section F - Family Size and College Information

Full Name

Dependent Student: Fill in the information about the people that your parents will *support* between July 1, 2019 and June 30, 2020. **Include your parents and yourself.** Include your parents' other children if they receive more than half their *support* from your parents, or if they would be required to provide parental information when applying for Title IV Federal student aid in 2019-2020. Include other people only if they now live with and get more than half of their *support* from your parents.

Independent Student: Fill in the information about the people that you will *support* between July 1, 2019 and June 30, 2020. Include yourself and your spouse. Include your children, if they get more than half their *support* from you. Include others only if they meet the following criteria: 1) they now live with you, **and** 2) they now get more than half their *support* from you. (*Support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.)*

To list a college in the "College Attending" column, other family members must be enrolled (or accepted for enrollment) at least half-time working toward a degree or certificate at a college eligible to participate in the Federal student aid programs. Always include yourself (the student) in the number in college, even if you will be enrolled less than half-time. You cannot list your parents as family members attending college.

Relationship

College Attending 2019-2020

<u>Age</u>

		You, the student	Messiah College	
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Section G - Sign This Form				
Each person signing this form certifies that all t sure all pages are completed and don't leave a			nplete and correct. Ag	ain, make
These sections have been completed:				
 □ Section B – submitted transcript or s □ Section C – if non-filer, submitting W □ Sections D and E – no item is blank, 	/2s, checked \		nent (If independent c	of parent)
☐ Section F – included parent(s) and a		inported		
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Dependent Student : Student and one parent roptional.	must sign. Ind	lependent Student: If marrie	d, spouse's signature	is
Student's Signature	Date	Parent's Signature or Spouse	s's Signature	Date