

2023-2024 Independent Student Verification Worksheet V5

This information is required by the Department of Education.

Incomplete or illegible forms will be returned to you and will prevent or delay the completion of your financial aid award.

All sections must be completed in full.

1.	Student	Information
	Statelle	

Last Name	First Name	Dominican ID Number
Permanent Address	City/ State/Zip	Date of Birth
Home Phone Number	Cell Phone Number	Email Address

2. Household Size Information - Complete the Chart Below, filling in all requested information

- List yourself first
- List the name of your spouse If you have one
- List your dependent children If they will receive at least 50% of their financial support from you
- List other people who live with you If they will receive at least 50% of their financial support from you during July 1, 2023 through June 30, 2024 (*additional documentation will be required*)

Remember to include the college information for any family member listed below – if that person will be enrolled in college, at least half-time, during the 2023-2024 academic year.

Full Name	Age	Relationship	College Name in 23-24 (if applicable)
		Self	Dominican University

3. Student Tax/Income Information:

Did you file a 2021 Federal Income Tax	Return? (Please select one of the options	s below.)	
Yes. Attached is a copy of my Federal	Tax Return Transcript from the IRS.		
**	www.irs.gov/transcript, call 800-908-9946,	or complete pa	per form 4506-T and
	A on the web. (No tax transcript is require	nd for this ontic	nn)
	required to file a 2021 income tax return.	•	
No. I certify that I did not, and am not,	required to file a 2021 income tax return.	(Complete the	table below.)
If you did not retain a copy of your W-2 form using IRS form 4506-T.	n(s), please request a Wage & Income Tra	inscript from th	e IRS online or by
Source of Income	Amount Earned in 2021	W-2 Provi	ided (circle one)
12 13 11 11 11 11	\$	YES	NO
	\$	YES	NO
	\$	YES	NO
Total:	\$		
Yes. Attached is a copy of my 2021 Fed. To obtain a tax transcript, log onto www submit to the IRS. Yes. I used IRS data retrieval on FAFSA	v.irs.gov/transcript, call 800-908-9946, of a on the web. (No tax transcript is required equired to file a 2021 income tax return. (r complete paped for this option Complete the	a.) table below.)
Source of Income	Amount Earned in 2021	W-2 Provi	ided (circle one)
	\$	YES	NO
	\$	YES	NO
	\$	YES	NO
Total:	\$		
5. Certification—I certify that all the info	-		
Print Name:	Dominican ID N	umber:	
Smarga'a Signatura	Data		

The Student Must Complete Either Statement Number 7 or Number 8:

6. Identity and Statement of Educational Purpose (To Be Signed at Dominican University)

The student must appear in person at **Dominican University** to verify his or her identity by presenting a valid, government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following Statement:

Stateme	nt of Educational Purpose		
I certify that I	that the Federal student fina		
Dominican University for 2023-2024.			
(Student's Signature)	(Dominican ID #)	(Date)	
7. Identity and Statement of Educational	Purpose (To Be Signed With	Notary)	
If the student is unable to appear in per student must provide:	son at Dominican Universi t	t y to verify his or h	ner identity, the
(a) A copy of the valid government- statement below, such as, but not li	•	•	•
(b) The original notarized Statemer	nt of Educational Purpose pr	ovided below.	
Statemen	nt of Educational Purpose		
I certify that I Purpose and that the Federal student fi purposes and to pay the cost of attendi	nancial assistance I may red		
Dominican University for 2023-2024.			
(Student's Signature)	(Dominican ID #)	(Date)	·——

Turn Page

Submitted In Person	Submitted By Mail
To be completed by DU Financial Aid Administrator	Notary's Certificate of Acknowledgement
ID Type:	State of:
ID Number:	County of:
ID Expiration Date:	On Date:
Rec'd By:	Before me (Notary's Name):
Signature:	personally appeared (Printed name of signer):
Date:	
	and provided to me on the basis of satisfactory evidence of identification (Type of gov't issued photo ID provided):
	Witness my hand and official seal
	Notary's Signature:
	Seal:
	My Commission Expires on

Please note: Typed signatures are not acceptable and will require that this form be returned to you for an "actual" signature.

Please use oi	Please use our secure transfer link to securely upload and submit documentation online. https://securetransfer.dom.edu/filedrop/financialaid		