

INDEPENDENT VERIFICATION
FORM 2019-2020 (V1)

****Please complete this form in ink pen. Forms completed in pencil will not be considered complete. All forms require actual signatures from student and parent. Forms completed with typed signatures will not be considered complete.****

LAST NAME: _____

FIRST NAME: _____

SSN: _____

STUDENT ID #: _____

PHONE: _____

DATE OF BIRTH: _____

HAVE YOU COMPLETED A BACHELOR'S DEGREE? YES NO

HIGH SCHOOL GRADUATION OR GED COMPLETION DATE: (MONTH/YEAR) ____/____

FAMILY INFORMATION

**** If you were NOT required to report your parent(s) information when completing the FAFSA, you are considered an INDEPENDENT student, and should include:**

- Yourself and your spouse, if you have one.
- Your children, if you provide more than 50% of their support.
- Other people if they live with you, and you will provide more than 50% of their support from July 1, 2019 to June 30, 2020.

LIST NAMES OF ALL HOUSEHOLD FAMILY MEMBERS	AGE	RELATIONSHIP TO YOU	IF ATTENDING COLLEGE IN 2019-2020, LIST THE INSTITUTION
1.		SELF	DUNWOODY COLLEGE OF TECHNOLOGY
2.			
3.			
4.			
5.			
6.			

OVER →

STUDENT FINANCIAL INFORMATION

Have you already filed or will you be filing an income tax return for 2017? YES NO

If YES, please link 2017 tax information to the FAFSA using the IRS Data Retrieval Tool or submit copies of your signed 1040 form and applicable schedules.

If NO, please obtain a Statement of Non-Filing from the IRS by mailing in Form 4506-T.

In addition, please list all sources of income from work and total amount earned in 2017 and attach all applicable W2 forms.

Employer: _____ Total: \$ _____

Employer: _____ Total: \$ _____

OR Check this box if you were not employed and had no income earned in 2017.

Note: A Statement of Non-Filing is required.

I acknowledge that by signing below, I agree that I did not earn any income in 2017:

Student Signature: _____ Date: _____

By signing this worksheet, I certify that all the information reported is complete and accurate.

Student Signature: _____ Date: _____

INCOMPLETE OR UNSIGNED FORMS CANNOT BE PROCESSED