

R _____
Student Rocket Number

Student Last Name

Student First Name



**2024-25
INDEPENDENT STUDENT
VERIFICATION WORKSHEET**

COMPLETE WITH
BLACK INK ONLY.

Your Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Through verification, the Office of Student Financial Aid compares the information you reported on your FAFSA with additional documents. Complete this form as soon as possible to avoid processing delays.

SECTION A: STUDENT TAX FILING STATUS

Check one of the following:

- I filed a 2022 Federal Tax Return.
 - I did not, will not, and am not required to file a 2022 Federal Tax Return. You must answer the next two questions:
 - Did you earn any income from work in 2022? Yes* No
 - Did you receive any W-2s and/or 1099s for income earned from work in 2022? Yes* No
- *If you answered "Yes" to either question, you are required to complete SECTION C.*

SECTION B: SPOUSE TAX FILING STATUS
ONLY COMPLETE THIS SECTION IF YOU ARE MARRIED.

Check one of the following:

- I filed a 2022 Federal Tax Return.
 - I did not, will not, and am not required to file a 2022 Federal Tax Return. You must answer the next two questions:
 - Did you earn any income from work in 2022? Yes* No
 - Did you receive any W-2s and/or 1099s for income earned from work in 2022? Yes* No
- *If you answered "Yes" to either question, you are required to complete SECTION C.*

SECTION C: NON-TAX FILER 2022 INCOME INFORMATION
ONLY COMPLETE THIS SECTION IF YOU OR YOUR SPOUSE (IF YOU ARE MARRIED) DID NOT FILE A 2022 TAX RETURN.

Using W-2 forms or other earnings statements, list below all employers and income earned from each employer by the student/spouse in 2022. If you received 2022 W-2s, attach copies. Attach an additional page, if needed.

Student/Spouse Name	Employer/Source of Income Earned from Work in 2022	2022 Amount
		\$
		\$
		\$
		\$

YOU MUST ALSO COMPLETE PAGE 2.

SECTION D: FAMILY MEMBERS

List below your family members, including:

- Yourself.
- Your spouse (if you are married).
- Your and your spouse’s dependent children, if they live with you (or live apart from you because of college enrollment), they receive more than half of their support from you (or your spouse, if married) now, and they will continue to receive more than half of their support from you (or your spouse, if married) from July 1, 2024, through June 30, 2025.
- Other people, if they live with you, they receive more than half of their support from you (or your spouse, if married) now, and they will continue to receive more than half of their support from you (or your spouse, if married) from July 1, 2024, through June 30, 2025.

If more space is needed for additional family members, attach an additional page. List all the information requested below for each additional family member. Also include your name, your Rocket Number, your (and your spouse’s, if married) handwritten signature(s), and the date(s) of your signature(s).

FULL LEGAL NAME OF EACH FAMILY MEMBER	AGE	RELATIONSHIP TO STUDENT (e.g., spouse, child, etc.)
		<i>Self</i>

DO NOT LEAVE BLANK

HANDWRITTEN SIGNATURE(S) AND DATE(S) ARE REQUIRED BELOW.

ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE ON THIS FORM.

Certification Statement: By signing this worksheet, I (we) certify that all the information reported above, used to determine eligibility for federal student financial aid, is complete and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

TO RETURN THIS FORM:

 Student Signature – use full legal name Date

 Spouse Signature – use full legal name Date

- Upload to: *myUT.utoledo.edu*
 “My Financial Aid”
 “Financial Aid Documentation Upload”
- Mail to: The University of Toledo
 Office of Student Financial Aid
 2801 West Bancroft Street, Mail Stop 314
 Toledo, OH 43606-3390
- In person: Rocket Solution Central
 1200 Rocket Hall
- Fax to: 419.530.5835

Questions? Please contact Rocket Solution Central (RSC) at 419.530.8700.