



# Independent Verification Worksheet

2022-2023

Please **mail** documents to:  
158 East Main Street, Henderson, TN 38340

Your application was selected by the Department of Education for review in a process called Verification. In this process, FHU will be comparing information from your application with **copies of your and (if married) your spouse's 2020 IRS Tax Return Transcript**. The law says we have the right to ask you for this information before awarding Federal aid. Complete the Verification process as soon as possible so that your financial aid will not be delayed.

## I. Permanent Residence and Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Social Security Number
_____ Address		_____ Date of Birth	
_____ City	_____ State	_____ Zip Code	_____ Phone Number (include area code)

## II. Family Information

**A. List below the people you will support 51% between July 1, 2022 and June 30, 2023. Include:**

- Yourself
- Your spouse
- Your dependent children (if you provide more than 50% support.)
- DO NOT include siblings whose permanent residence is not the same as the address listed about or foster children

**B. Include other people as part of the household only if:**

- They lived with you and received more than 50% support from you at the time your completed your FAFSA application AND they will continue to receive more than 50% support from July, 2022 through June 30, 2023.

Name	Age	Relationship	College attending (at least half-time) in 2022-2023 year
		Self	Freed-Hardeman University

## III. Family Information

**A. Check the appropriate box below:**

- No child support was paid for individuals outside of the household in 2020
- The student and/or spouse, who is a member of the student's household, paid child support in 2020. Complete chart below.

Name of person who paid child support	Name of guardian to whom child support was paid	Name of child for whom support was paid	Age of Child for Whom Support was paid	Amount of child support paid in 2020

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**IV. Additional Financial Information – Annual Amounts Paid or Received in 2020**

**ALL STUDENT QUESTIONS MUST BE ANSWERED**

**Did you and/or your spouse (if married) receive:**

- Yes  No      \$ \_\_\_\_\_ **Receive** AmeriCorps, living allowances & interest
- Yes  No      \$ \_\_\_\_\_ **Receive taxable** earnings from Federal Work Study, Fellowships or Assistantships
- Yes  No      \$ \_\_\_\_\_ **Receive taxable** combat pay
- Yes  No      \$ \_\_\_\_\_ **Receive** Education Credits

**V. Untaxed Income - Annual Amounts received in 2020**

**Did you and/or your spouse (if married) receive:**

- Yes  No      \$ \_\_\_\_\_ Housing, food, living allowances (Paid to members of the Military, clergy, or other)
- Yes  No      \$ \_\_\_\_\_ **VA Non Education** Benefits
- Yes  No      \$ \_\_\_\_\_ Other Untaxed Income (i.e. Worker’s Compensation, portions of Railroad Retirement, Refugee Assistance, etc.)
- Yes  No      \$ \_\_\_\_\_ Cash support/money paid on your behalf (Paid by non-custodial parent or others)
- Yes  No      \$ \_\_\_\_\_ **Tax deferred** payments to **Pension & Savings (Paid directly or withheld from earnings), IRA distributions (do not include Rollovers), and tax exempt interest income.**
- Yes  No      Received food stamps (SNAP) in 2020 or 2021

I/(we) did not file and are not required to file a **2020** Federal income tax return.     **Student**     **Spouse**

**\*List below you and/or your spouse’s employer(s) if you did not file and any other source of income received in 2020. Also include copies of each W2. Please indicate whose income you are reporting\*:**

Source of Income	Amount Earned	Student/Spouse
_____	\$ _____	_____
_____	\$ _____	_____

**If parents did not work, please explain how they were able to support the family:**

\_\_\_\_\_

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct.  
**WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS FORM, YOU MAY BE FINED, BE SENTENCED TO JAIL, OR BOTH.**

Student’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_