				2022-20	23 V5-V	ERIFIC <i>A</i>	OITA	N SHEET	
LAST NAMELAST 4 DIGITS OF SOCIAL SECURITY NUMBERSTUDENT'S EMAIL ADDRESS				FIRST NAME					
									Verification Explained
SECTION 1-HOUSEHOI  • Need help completi		_	tion?						
Full names of ALL household members Remember to list yourself first!	Age	Relationship to student	Will he/she be enrolled in a degree program at a college/university at least half-time in 2022-23?		If enrolled, what type of program?		Name of		
					UG	GRAD	coll	ege/university	
		Self	☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
			☐ Yes	□ No					
SECTION 2-TAX INFOR  • Need help completing		_							
> Check the option below that a	oplies to	you (the student) &	& your parent/s	pouse: <i>ONLY ONE</i>	OPTION PE	R STUDENT	C& PAI	RENT/SPOUSE	
							<u>dent</u>	Parent/Spous	
A. Have or will use IRS Data Retrieval when completing FAFSA (data was not altered).									
B. Not eligible for IRS Data Retrieval. Will submit 2020 signed copy of federal tax return or tax return transcript.							_		
C. Did work in 2020 but did not file taxes. I am not required to file a 2020 federal tax return.							_		
<ul> <li>D. Did NOT work in 2020 and did not file taxes. I am not required to file a 2020 federal tax return.</li> <li>E. Did NOT file taxes but had income in 2020 not reported on a W2. Submit 1099 and/or a signed statement of ir</li> </ul>									

PARENT OF DEPENDENT STUDENT \_\_\_\_\_\_ DATE \_\_\_\_\_\_

Log in to <u>Financial Aid Self-Service Banner</u>

to monitor & satisfy any additional requirements until your aid offer is complete.

Mail to: Andrews University

**REQUIRED SIGNATURE(S)** 

Office of Student Financial Services 4150 Administration Drive Berrien Springs, MI 49104-0750

STUDENT\_\_\_\_\_

 Fax to:
 269-471.3228

 Phone:
 269.471.3334

 Web:
 www.andrews.edu/sfs

 Email:
 sfs@andrews.edu

DATE \_\_\_\_\_