

# NAZARETH UNIVERSITY

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## 2024-2025 Verification Worksheet Form (Independent Student)

Your application was selected for verification. This is to confirm that information reported on the FAFSA is accurate. In addition to submitting this **Family Size Form** you are required to provide income documentation.

**Failure to provide the required verification documentation may result in the forfeit of your eligibility to receive federal financial aid.**

Please complete Sections A-D unless otherwise noted **and** submit requested income documentation.

**Student Name:** \_\_\_\_\_ **Nazareth ID:** \_\_\_\_\_

### SECTION A: Family Information

List the people in your (student) primary Family. This should be the Family information reported on the FAFSA. Please include:

- Yourself,
- Your spouse (if applicable),
- Your children, even if they do not live with you, if you or your spouse will provide more than half of their support from July 1, 2024 through June 30, 2025, and
- Other people if they now live with you and you provide more than half of their support and. will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.
- Do not include any unborn children in the family size.

| Names of Family Members | Age     | Relationship<br>(Do Not Report "Other") |
|-------------------------|---------|---|
| STUDENT                 | ON FILE | SELF                                    |
|                         |         |   |
|                         |         |   |
|                         |         |   |
|                         |         |   |

*continued on back of form...*

Student Name: \_\_\_\_\_ Nazareth ID: \_\_\_\_\_

**SECTION B: Student Income Information – please check one box in either section #1 or #2.**

1. 2022 Income Tax Filer – make **one** selection:
  - I successfully completed the Direct Data Exchange (DDX) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION C.**
  - I did not/could not use the DDX process and have attached a **signed** copy of my 2022 IRS Federal Income Tax Return **and** Schedules 1, 2, and 3 (if filed). **Go to SECTION C.**
  - I filed a foreign income tax return and have attached a **signed** copy of my 2022 return. **Go to SECTION C.**
2. 2022 Non-Filer/Not Required to File – make **one** selection:
  - I was not employed and had no income earned from work in 2022. **Go to SECTION C.**
  - I was employed in 2022. Please list below the names of all employers and the amount earned from each employer in 2022. Attach copies of **all** 2022 IRS W-2 forms issued by your employer(s). **Go to SECTION C.**

**Student Employer Information**

| Employer's Name | Annual Amount Earned in 2022 |
|-----------------|------------------------------|
|                 | \$                           |
|                 | \$                           |

**SECTION C: Spouse's Income Information (if applicable) – please check one box in either section #1 or #2 unless you do not have a spouse, then go to SECTION D.**

1. 2022 Income Tax Filer – make **one** selection:
  - Your spouse successfully completed the Direct Data Exchange (DDX) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION D.**
  - Your spouse did not/could not use the DDX process and have attached a **signed** copy of my 2022 IRS Federal Income Tax Return **and** Schedules 1, 2, and 3 (if filed). **Go to SECTION D.**
  - Your spouse filed a foreign income tax return and has attached a **signed** copy of their 2022 return. **Go to SECTION D.**
2. 2022 Non-Filer/Not Required to File – make **one** selection:
  - Your spouse was not employed and had no income earned from work in 2022. **Go to SECTION D.**
  - Your spouse was employed in 2022. Please list below the names of all employers and the amount earned from each employer in 2022. Attach copies of **all** 2022 IRS W-2 forms issued by your employer(s). **Go to SECTION D.**

**Spouse Employer Information**

| Employer's Name | Annual Amount Earned in 2022 |
|-----------------|------------------------------|
|                 | \$                           |
|                 | \$                           |

**SECTION D: Statement of Certification and Signature**

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify your office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid.

**Student signature (not electronic or digital)**

**Date**

If you have any questions, please do not hesitate to contact us. Once you complete this form, please email it to our office at [finaid@naz.edu](mailto:finaid@naz.edu), mail a paper copy or bring the form to our office, located in Smyth Hall 43.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to prison, or both.