

## 2021-2022 Verification Worksheet (Independent Student)

Your application was selected for review in a process called "Verification". The Financial Aid Office is required to compare information you reported on your FAFSA, to your **2019 Form 1040/U.S. Income Tax Return** and other required documentation. If there are differences between your FAFSA information and the documents you provide, Viterbo will make corrections to your FAFSA.

## PLEASE PRINT LEGIBLY ON THIS FORM AND USE BLACK INK

PLEASE	PRINT LEG	SIRLY ON THIS FORM	I AND USE BLACK INK.	
A. Student Information				
Last Name Fi	irst Name		(VU ID#) or (Last 4 d	ligits of SSN) (REQUIRED)
B. Income Questionnair	<u>e</u>			
Did you (student)/your spouse file a (*If your answer is "No" you mu				
C. Student/Spouse 2019	Income	e Information		
I certify that I/we were <u>not requ</u>	<u>iired to file</u> a	a <u>2019 Form 1040/L</u>	<u>IS Income Tax Return</u> be	ecause ( <u>check one</u> ):
a. I/we had no income	earned fror	n working in calenda	ar year 2019.	
			in 2019, le: /-2 and 1099 forms with	ss than IRS filing minimum. <u>n this worksheet</u> .)
D. Student Household In	<u>iformati</u>	on		
List the following people:  1. Your Spouse, if you are <u>curre</u>	ently marrie	ed and living togethe	<u>r</u> .	
If you are <u>NOT married</u> , check here	and continue	on reverse:		
Spouse Full Name	Age	AT LEAST HALF T	our Spouse Will Attend  IME Fall 2021 and/or  ng 2022  if not applicable)	Type of Degree Program During Fall 2021 and/or Spring 2022 (Associate, Bachelor, Advanced)

y will live with you and OREN OR OTHER	ou <u>and</u> will receive i	more than half on half of their support of their support of the half of their support of the half of t	rovide proof of support for anyone list of their support from you/your spouse from port from you/your spouse from July 1, 20 AS DEFINED IN D2 OR D3 ABOVE:	m July 1, 2021 to June 30, 2022 021 to June 30, 2022. Attach		
y will live with you and OREN OR OTHER	receive more than  RS LIVING IN YOU  Primary	more than half on half of their support of their support of the half of their support of the half of t	of their support from you/your spouse from port from you/your spouse from July 1, 20	m July 1, 2021 to June 30, 2022 021 to June 30, 2022. Attach		
DREN OR OTHER	RS LIVING IN YOU	JR HOUSEHOLD				
	Primary		AS DEFINED IN D2 OR D3 ABOVE:			
				- 15		
Relationship to Student	Student (7/2021 to 6/2022)? Yes or No	This Person is Employed at Least 30 Hrs/Week? Yes or No	Name of College This Person Will Attend <u>AT LEAST HALF TIME</u> Fall 2021 and/or Spring 2022 (Enter "None" if not applicable)	Type of Degree Program During Fall 2021 and/or Spring 2022  (Associate, Bachelor's, Master's, PhD, etc.)		
r of your househo	old, <b>including your</b>	rself, who receive	d child support payments in 2019 (attach	additional sheet if needed):		
Name of Household Member Who Received Child Support				Total Amount of Child Support Received in 2019		
formation reporte	ed is complete and c	orrect. I will repo	rt changes to this information promptly.			
_	r of your househo	Yes or No  You may be asked r of your household, including your USEHOLD RECEIVED CHILD SUPP	Yes or No	Yes or No  Yes or No  (Enter "None" if not applicable)  in 2019 [You may be asked for proof from the courts to support your answers in rof your household, including yourself, who received child support payments in 2019 (attach USEHOLD RECEIVED CHILD SUPPORT IN 2019:  (Be prepared to submit agency of the courts to submit agency of the courts to submit agency of the courts to support your answers in 2019 (attach USEHOLD RECEIVED CHILD SUPPORT IN 2019:		

Return this form to: Financial Aid Office – Viterbo University 900 Viterbo Drive La Crosse, WI 54601 Email: FAdocuments@viterbo.edu (to submit form) Email: FinancialAid@viterbo.edu (to submit questions)

Phone: (608) 796-3900 Fax: (608) 796-3859