

A. Student Information

Student Full Name (please print clearly)

2022-2023

INSTITUTIONAL VERIFICATION FORM

Arizona Western College Office of Financial Aid financialaid@azwestern.edu Phone (928) 344-7634 FAX (928) 317-6420

Date of Birth

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with copies of your and your parent(s)/spouse's (if you are married) Federal tax forms or W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR). **WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. AWC must review the requested information under the financial aid program rules (34 CFR, Part 668)

AWC ID

Mailing Address				Home Phone (with area code) Cell Phone		
City	State		Zip Code	E-mail address		
Complete IF Independ of their supp IF Depender more than ha College Info	lent: Always include yort and you will contirnt: Always include youlf of their support frommation: Indicate wh	your spouse, in the to provide our parent(s) and your parent the ther any home	e more than half of their stand any siblings or other cases (s) between July 1, 2022,	dents, even if they don apport between July 1, 2 lependents even if they and June 30, 2023. ow will be attending co	't live with you, 2022, and June don't live with	but you provide more than ha 30, 2023. your parents, if they receive
Full	l Name	Age Relationship		to Will be enrolled in		Name of College
T un	i i vame	Age	Student	college a	nt least ½ ne?	Tunic of Conege
			Self	∑ Yes		AWC
			5611	Yes	=	11110
				Yes		
				Yes	☐ No	
				Yes	☐ No	
				Yes	☐ No	
				Yes	☐ No	
					Co	ntinue on next pag
			FOR OFFICE U	SE ONLY		
Program o			HS/GED IVF VERIFIE	CRI	nment Codes	CorrectionsVerified EFCTransaction#

Student Full Name:		Student AWC ID#:
C. 2020 Income Information IRS Federal Tax and Wage transcripts of Note: For foreign income earners or tax	or Verification of non-fili	ng letters can be obtained at www.irs.gov mentation must be provided.
1. Select which applies to	you, the student	, for the year 2020.
☐ I have filed federal ta	xes and successful	lly used the IRS data retrieval tool on the FAFSA.
	foreign taxes. Sub	omit copy of IRS Tax Return Transcript or signed
foreign tax return.		
☐ I did not file federal o	or foreign taxes but	t did earn income from work. Submit Wage
Transcript/W-2 and II	RS verification of	non-filing letter & equivalent for foreign income.
I did not file federal o	or foreign taxes and	d did not earn income from work. Submit
verification of non-fil letter not required if dependen	_	IRS & equivalent for foreign income. (IRS non-filing
2. Select which applies to	the student's sp o	ouse/parent, for the year 2020.
I have filed federal ta	xes and successful	lly used the IRS data retrieval tool on the FAFSA.
I have filed federal or foreign tax return.	foreign taxes. Sub	omit copy of IRS Tax Return Transcript or signed
I did not file federal o	or foreign taxes bu	t did earn income from work. Submit Wage
Transcript/W-2 and II	RS verification of	non-filing letter & equivalent for foreign income.
I did not file federal o	or foreign taxes and	d did not earn income from work. Submit
verification of non-fil	ing letter from the	IRS & equivalent for foreign income.
D. Sign this Form		
correct. At least one parent	must sign. I (we) tation to verify the	information reported on it is complete and understand that the Office of Financial Aid may above information and if I (we) do not give proof
Student	Date	Parent (required only if dependent) Date