

A. Student Information

## 2023-2024

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

## **INSTITUTIONAL VERIFICATION FORM**

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)

Student Full Name (please print clearly)  Mailing Address				AWC ID  Home Phone (with area code)			Date of Birth
							Cell Phone
City	State		Zip Code	E-mail address			
Complete IF Independ of their supp IF Depender more than ha College Info	lent: Always included ort and you will cont. Always included alf of their support formation: Indicate	w according de your spouse ntinue to provie e your parent(s from your paren whether any h	de more than half of their su ) and any siblings or other ont(s) between July 1, 2023,	dents, even if the apport between Judependents even is and June 30, 2020 ow will be attended.	y don't li aly 1, 202 f they don 4. ling colle	ive with you, 13, and June 3 n't live with y	but you provide more than h 0, 2024. our parents, if they receive f time between July 1, 2023
Ful	l Name	Age	Relationship to Student		Will be enrolled in college at least ½ time?		Name of College
			Self		Yes [	No	AWC
					Yes	No	
					Yes [	No	
					Yes L	No No	
		+			Yes Yes	No No	
					Yes [	No	
			FOR OFFICE U	SE ONLY		Con	tinue on next pa
Program o		SAP W-2	HS/GED IVF VERIFIE		_Comme _CRI _RTP	ent Codes	Corrections Verified EFC Transaction#

## C. 2021 Income Information

IRS Federal Tax and Wage transcripts or Verification of non-filing letters can be obtained at <a href="www.irs.gov">www.irs.gov</a>
Note: For foreign income earners or tax filers, comparable documentation must be provided.

Student	Date	Parent (required only if dependent)	
least one parent must sig	n. I (we) understand tha	formation reported on it is complete a to the Office of Financial Aid may req and if I (we) do not give proof when as	uest additional
D. Sign this Form			
non-filing letter fr	om the IRS & equivalen	at for foreign income.	
I did not file feder	al or foreign taxes and d	id not earn income from work. Subm	nit verification of
Transcript/W-2 ar	nd IRS verification of no	n-filing letter & equivalent for foreign	n income.
☐ I did not file feder	al or foreign taxes but d	id earn income from work. Submit W	<sup>7</sup> age
tax return.			
☐ I have filed federa	l or foreign taxes. Subm	it copy of IRS Tax Return Transcript	or signed foreign
☐ I have filed federa	l taxes and successfully	used the IRS data retrieval tool on the	e FAFSA.
2. Select which applie	es to the <b>student's spou</b>	se/parent, for the year 2021.	
required if depend	lent)		
_	-	at for foreign income. (IRS non-filing	letter not
<del></del>	_	lid not earn income from work. Subm	
_		n-filing letter & equivalent for foreign	
☐ I did not file feder	al or foreign taxes but d	id earn income from work. Submit W	<sup>1</sup> age
tax return.			
☐ I have filed federa	l or foreign taxes. Subm	it copy of IRS Tax Return Transcript	or signed foreign
☐ I have filed federa	l taxes and successfully	used the IRS data retrieval tool on the	e FAFSA.
1. Select which applie	es to you, the <b>student</b> , for	or the year 2021.	