

## 2022-2023

## INSTITUTIONAL VERIFICATION FORM

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

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 N		AWC ID D				Date of Birth		
Mailing Address				Home Phone (with area code) Ce				ell Phone
City	State Z		ip Code	E-mail address				
Complete IF Independ their support IF Depende than half of t College Info	lent: Always include and you will continue nt: Always include you their support from you prmation: Indicate wi	your spouse, if e to provide mour parent(s) a ur parent(s) bet hether any hou	ore than half of their supper any siblings or other owen July 1, 2022, and J	ndents, even in port between dependents en une 30, 2023 low will be a	if they July 1 ven if  ttendir	don't live, 2022, ar they don'	e with you, be not June 30, 2 t live with you at least half	out you provide more than half 2023. our parents, if they receive mo f time between July 1, 2022 an
Ful	ll Name	Age	Relationship to		Will be enrolled in			Name of College
			Student	college at least ½ time?				
			Self			Yes	No No	AWC
						Yes	No No	
						Yes L	No No	
					-	Yes Yes	No No	
						Yes	No	
					-	Yes	No	
			FOR OFFICE	USE ON	<u>LY</u>		Con	tinue on next page
Program o		AP 7-2	HS/GED IVF VERIFIE	_ _	(	Commen CRI RTP	t Codes	CorrectionsVerified EFC Transaction#

## C. 2020 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.

1a. Select which applies	to you, the <b>student</b> , for	or the year 2020.	
☐ I have filed federal t	axes and successfully	used the IRS data retrieval tool on	the FAFSA.
I have filed federal of	or foreign taxes. Submi	it copy of IRS Tax Return Transcri	pt or signed foreign
tax return.			
I did not file federal	or foreign taxes but di	d earn income from work. Submit	Wage Transcript/W-2
and IRS verification	of non-filing letter &	equivalent for foreign income.	
I did not file federal	or foreign taxes and d	id not earn income from work. Sub	omit verification of
non-filing letter from dependent)	n the IRS & equivalen	t for foreign income. (IRS non-filing	letter not required if
1b. Did you receive Un	employment Benefits	for the calendar year 2020? Ye	es 🗌 No
(If you did receive Un records or 1099 form		the calendar year <b>2020</b> , please subm	it Unemployment
2a. Select which applies	to the student's spous	se/parent, for the year 2020.	
☐ I have filed federal t	axes and successfully	used the IRS data retrieval tool on	the FAFSA.
☐ I have filed federal of	or foreign taxes. Submi	it copy of IRS Tax Return Transcri	pt or signed foreign
tax return.			
☐ I did not file federal	or foreign taxes but di	d earn income from work. Submit	Wage Transcript/W-2
and IRS verification	of non-filing letter &	equivalent for foreign income.	
	_	id not earn income from work. Sub	omit verification of
•	m the IRS & equivalent	_	_
•	• •	for the calendar year <b>2020</b> ? Ye	·
(If you did receive Un		the calendar year <b>2020</b> , please subm	it Unemployment
D. Sign this Form			
one parent must sign. I (w	e) understand that the	formation reported on it is completed Office of Financial Aid may request ad if I (we) do not give proof when	st additional
Student	Date	Parent (required only if dependent)	Date