



2024 - 2025 Verification Worksheet Independent Student

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called Verification. The law states that before awarding any Federal Student Aid, we must ask you to confirm the information you and your spouse, if applicable, reported on your FAFSA. To verify that you provided correct information, the financial aid office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information will be corrected. You, and if applicable your Spouse, must complete and sign this worksheet.

A. Demographic Information:

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s Social Security Number
Student’s Street Address (include apt. no.)			PAWS ID
City	State	Zip Code	Student’s Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

B. Untaxed Income:

**Fill in each box with a \$ amount or “\$0” if not applicable.
Blank responses cannot be accepted.**

Student	2022 Untaxed Income	Spouse
	Amount of college grants, scholarships, or AmeriCorps benefits reported as income to the IRS on the 2022 tax return. This item may only apply to those students renewing their FAFSA form, not to first-time applicants.	
	List the amount of foreign earned income excluded on IRS form 1040 Schedule #1, line 8d. If a Schedule 1 was not filed, or you did not earn any foreign income in 2022, please list zero (\$0).	
	Annual amount of child support received for all children. Do not include foster care or adoption payments.	

YOU MUST COMPLETE THE NEXT PAGE BEFORE SUBMISSION

Submit this worksheet to the financial aid office:

Via email: Scan and send to OSFA@TCNJ.EDU

Via fax: (609) 637-5154

*Via USPS: The College of New Jersey (TCNJ) Financial Aid Office, Green Hall #101
PO Box 7718, Ewing, NJ 08628*

Our office number: (609) 771-2211 – email is our preferred means of communications

Student's Name: _____ SSN: _____

C. Family Information - List your Family Size - Please Include:

- **Yourself**, the student.
- **Your Spouse**, if you are married
- **Your children**, if any, and if you will provide more than half of their support from July 1, 2024 through June 30, 2025.
- **Other family members, if all** of the following conditions are true:
 - They live full-time with you, the student
 - They are claimed as a dependent on your U.S tax return.
 - They receive more than half of their support from you, the student, during the award year.
 - *Please note that if needed, we may request more information to validate support for other family members.*

Include the **name of the college for any household member**, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2024, and June 30, 2025. Please note **UNDECIDED/UNSURE** as a college response is treated as not attending. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	28	<i>Wife</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

D. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

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

Student's Signature

Date

Spouses Signature (if applicable)

Date