2021-2022 Independent Verification Worksheet

OPSU Student ID: ________________________________

Student Name: ________________________________

Your application was selected for review in a process called verification. In this process, OPSU must compare information from your FAFSA with copies of you and your parents 2019 federal tax returns. OPSU has the right and responsibility to require this information before awarding federal aid. If there are difference between your FAFSA and your application and your other documents, corrections will be submitted.

1. Family Information

   **Number of household members:** List the people in the parent’s household. Include:
   - Yourself;
   - Your spouse, if you are married;
   - Your dependent children if they will receive more than half of their support from you from July 1, 2021 to June 30, 2022. Do not include children for whom child support is paid or foster children.
   - Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.

   Number in college: Include below information about any household member who will be enrolled at least half-time in a degree, diploma or certificate program at an eligible post-secondary institution any time between July 1, 2021 and June 30, 2022. Include the name of the college.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College, if attending</th>
<th>Enrolled at least half-time? Yes or no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>OPSU</td>
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</table>

Attach separate sheet if necessary.

2. Tax filer information. Mark all that apply.

   | I filed taxes in 2019. (attached a tax return, unless retrieval tool used) | My spouse filed taxes, if married. (attach a tax return, unless retrieval tool used) |
Use your 2019 Federal Tax Return to complete this form. If the answer is zero or the question does not apply, enter 0.

<table>
<thead>
<tr>
<th>Student Yearly Amount</th>
<th>2019 Additional Financial Information</th>
<th>Spouse Yearly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>Education credits (1040 Schedule 3, Line 3)</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>IRA Deductions and Payments to SEP, SIMPLE, Keogh, and other qualified plans (1040 Schedule 1, Line 15 + Line 19)</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>Untaxed portions of IRA, Pension, and Annuity Distributions (withdrawals) 1040 Lines (4a + 4c) minus (4b + 4d), if negative, enter zero, exclude rollovers</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>Tax exempt interest income (1040 Line 2a)</td>
<td>$</td>
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<tr>
<td>$</td>
<td>Tax-Deferred Payments to Pensions and Savings Plans (W-2, Boxes 12a through 12d, Codes D, E, F, G, H, S only)</td>
<td>$</td>
</tr>
<tr>
<td>$</td>
<td>Income earned, but taxes not filed. Provide copy of the W-2 from each employer, or a Verification of Non-filing letter from the IRS.</td>
<td>$</td>
</tr>
</tbody>
</table>

All questions must be answered.

High School Completion Status – Provide one of the following documents indicating the student’s high school completion status. Check the box of the document you will attach to this worksheet.

- Office of Academic Records has this documentation on file (no attachment necessary)
- High school diploma
- General Education Development certificate or transcript
- Other, please indicate the details

2021-2022 Identity and Statement of Educational Purpose

I certify that I ______________________________________ (student) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may be receive will only be used for educational purposes and to pay the cost of attending Oklahoma Panhandle State University for the 2021-2022 academic year.

Certifications and Signatures

Each person signing below certifies that all information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature: ___________________________ Date: ________________

Spouse Signature (optional): ___________________________ Date: ________________

Warning: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.