

# Walla Walla Community College

## 2023-2024 Independent Verification Worksheet

**Complete and return to:**

WWCC – Financial Aid Office  
500 Tausick Way  
Walla Walla, WA 99362

**Phone:** (509) 527-4301

**Fax:** (509) 527-1875

**Email:** financial.aid@wwcc.edu



Your application was selected for review in a process called verification. In this process, the financial aid office will compare information from your FAFSA with your 2021 IRS tax information. The law gives the college the right to ask you for this information before awarding Federal aid. If there is a difference between your FAFSA and IRS tax information, the college will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The financial aid office cannot process your application without this information.

**If we have reason to believe that any of the information provided is not accurate, we may require you to provide additional documentation to our office.**

### A. Independent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's <b>last 4 of</b> Social Security Number
Student's Home Phone Number (include area code)		Student's Date of Birth	

### B. Independent Student's Number of Household Members and Number in College (IF attending)

List below **ALL** of the people in your household. Include:

- Yourself and your spouse, if you are married.
- Your children, even if they do not live with you, if (A) you will provide more than half of their support from July 1, 2023, through June 30, 2024, or (B) the child would be required to provide your information if they were completing a FAFSA for 2023–2024.
- 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 through June 30, 2024.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, include the name of the college. *If more space is needed, provide a separate page with the student's name and ID number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

Student's Name: \_\_\_\_\_

**C. Child Support Paid**

If you or your spouse indicated that child support was **paid** on the FAFSA, please complete the information below.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Age of Child	Amount of Child Support Paid in 2021

**D. Independent Student's Verification of 2021 Income Information**

Check the box that applies:

- I used the IRS Data Retrieval Tool in *FAFSA on the Web* to transfer 2021 IRS income tax return information into my FAFSA.
- I am providing a signed copy of my **2021 IRS Tax Return Transcript(s)** – received from the IRS.
  - Check here if a **2021 IRS Tax Return Transcript(s)** is attached.
  - Check here if a **2021 IRS Tax Return Transcript(s)** will be provided later. By: \_\_\_\_/\_\_\_\_/\_\_\_\_
- I not file and/or not required to file a 2021 U.S. Income Tax Return. Please provide **Verification of Non-filing Letter** obtained from [www.irs.gov](http://www.irs.gov) or [www.wvcc.edu/financial-aid/forms/4506-T](http://www.wvcc.edu/financial-aid/forms/4506-T). You will need to complete and submit IRS form 4506-T (checking box 7) for the 2021 tax year. Detailed instructions on how to complete this form is on our web address listed above. **Please list your employer(s) and all income received in 2021 below. [Required: Provide copies of all 2021 IRS W-2 forms.]**

If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer's Name	2021 Amount Earned	IRS W-2 Provided?

Student's Name: \_\_\_\_\_

**E. Identity and Statement of Educational Purpose - indicate which you will be completing (In person or Notary)**

**Identity and Statement of Educational Purpose (To be signed at the institution)**

The student must appear in person at **WALLA WALLA COMMUNITY COLLEGE** to verify his or her identity by presenting unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Identity and Statement of Educational Purpose (To in the presence of a Notary)**

The student is unable to appear in person at **WALLA WALLA COMMUNITY COLLEGE** to verify his or her identity, the student must provide to the institution:

- a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; **and**
- b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the documents notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **WALLA WALLA COMMUNITY COLLEGE** for 2023-2024.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)

personally appeared, \_\_\_\_\_, and provided to me on basis of  
(Printed name of signer)

satisfactory evidence of identification \_\_\_\_\_ to be the above-named person who  
(Type of government-issued photo ID provided)  
signed the foregoing instrument.

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)

*(Walla Walla Community College does not reimburse for any fees associated with the notarizing process.)*

Student's Name: \_\_\_\_\_

### F. Certification and Signatures

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

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

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

**Federal regulations require WWCC to retain original copies of this verification worksheet and all required documentation.**

If you are unable to appear in person at WWCC to submit the required documentation, your notarized paperwork **MUST** be mailed to:

WALLA WALLA COMMUNITY COLLEGE  
ATTN: FINANCIAL AID OFFICE  
500 TAUSICK WAY  
WALLA WALLA, WA 99362

**FAXED OR SCANNED/EMAILED FORMS WILL NOT BE ACCEPTED!**

#### Internal Use Only

I certify that I, \_\_\_\_\_, verified and documented the identification of the student who signed the Statement of Educational Purpose.  
Name of WWCC Financial Aid Official

The student submitted original notarized documentation.

Identification attached

\_\_\_\_\_  
Signature of WWCC Financial Aid Official

\_\_\_\_\_  
Date