

RIT | Office of Financial Aid and Scholarships

56 Lomb Memorial Drive • Rochester, New York 14623
 (585) 475-2186 • FAX (585) 475-7270
 RITaid@RIT.edu

2022-2023 Dependent Verification Worksheet

Your application was selected for a process called “Verification”. This is to confirm that information reported on the FAFSA is accurate. In addition to submitting this *Verification Worksheet* you are required to provide income documentation.

All required verification forms and documentation must be received within 30 days of our request or by the last date of attendance, whichever is earlier. Failure to provide the required verification documentation by the deadline may result in forfeit of your eligibility to receive federal financial aid. We encourage you to visit www.rit.edu/admissions/aid/policies/verification for all details.

Please complete Sections A-D **and** submit requested income documentation.

Student Name: _____ **University ID:** _____

SECTION A: Family Information

Parent(s) in the household (including a stepparent): If your legal parents (biological or adoptive parents) are married to each other, or are not married to each other and live together, you should report information about both of them.

Parent 1 (parent or stepparent) in household	Age	Parent 2 (parent or stepparent) in household	Age
Name:		Name:	

List other household members below. Include:

- Yourself, even if you do not live with your parents; and
- Your parent’s other children, even if they do not live with your parents, if:
 - Your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or
 - The children will be required to provide parental information when completing the FAFSA; and:
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Names of Household Members	Age	Relationship (Do Not Report “Other”)	Name of College Attending at least half-time (6 credits or more) between 7/1/ 2022 and 6/30/2023
STUDENT	ON FILE	SELF	RIT

Student Name: _____ University ID: _____

SECTION B: Parent Income Information – please check one box in either section #1 or #2.

1. 2020 Income Tax Filer – make **one** selection:

- I successfully completed the IRS Data Retrieval (DRT) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION C.**
- I did not/could not use the DRT process and will attach a **signed** copy of my 2020 IRS Federal Income Tax Return **and** Schedules 1, 2, and 3 (if filed). **Go to SECTION C.**
- I filed a foreign income tax return and will attach a **signed** copy of my 2020 return. **Go to SECTION C.**

2. 2020 Non-Filer/Not Required to File – make **one** selection:

- I was not employed and had no income earned from work in 2020. **Go to SECTION C.**
- I was employed in 2020. Please list below the names of all employers and the amount earned from each employer in 2020. Attach copies of **all** 2020 IRS W-2 forms issued by your employer(s). **Go to SECTION C.**

Employer's Name	Annual Amount Earned in 2020
	\$
	\$

SECTION C: Student Income Information – please check one box in either section #1 or #2.

1. 2020 Income Tax Filer – make **one** selection:

- I successfully completed the IRS Data Retrieval (DRT) process either on the initial FAFSA or when making corrections to the FAFSA. **Go to SECTION D.**
- I did not/could not use the DRT process and will attach a **signed** copy of my 2020 IRS Federal Income Tax Return **and** Schedules 1, 2, and 3 (if filed). **Go to SECTION D.**
- I filed a foreign income tax return and will attach a **signed** copy of my 2020 return. **Go to SECTION D.**

2. 2020 Non-Filer/Not Required to File – make **one** selection:

- I was not employed and had no income earned from work in 2020. **Go to SECTION D.**
- I was employed in 2020. Please list below the names of all employers and the amount earned from each employer in 2020. Attach copies of **all** 2020 IRS W-2 forms issued by your employer(s). **Go to SECTION D.**

Employer's Name	Annual Amount Earned in 2020
	\$
	\$

SECTION D: Statement of Certification and Signature

The information provided on this form is true and complete to the best of my knowledge. I agree to provide additional documentation if requested. I further agree to notify your office of any error or omission. I understand that failure to comply with this agreement could result in forfeiture of financial aid.

Student (**not electronic or digital**) Date

Parent (**not electronic or digital**) Date

Please upload this form and documentation, if applicable to www.rit.edu/aid/upload or mail to our office.

WARNING: Per Federal regulation, if false or misleading information is purposely provided on this worksheet, you may be fined, sentenced to prison, or both.