

# Verification Worksheet 2019-2020

Office of Financial Aid  
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You are required to provide the following information as your Free Application for Federal Student Aid (FAFSA) was selected by the US Dept. of Education for review. This process is called Verification and we cannot process your financial aid until Verification has been completed. **Please provide the following information and required documents within 5 business days of receipt of notification to prevent any delays in processing your financial aid.**

Last Name	First Name	MI	CCS ID Number
Address			Email Address
City	State	Zip	
( )			( )
Phone Number		Alternate Phone Number	

## Family Information

**Dependent Students:** List the people that your parent(s) will support between July 1, 2019 and June 30, 2020: (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include the following:

- **Yourself**
- The **Parent(s)** you listed on the FAFSA
- **Sibling(s)**, if the parent(s) will provide more than half their support from July 1, 2019 – June 30, 2020
- **Other dependent(s)**, if your parent(s) will provide more than half their support from July 1, 2019 – June 30, 2020

**Independent Students:** List the people in your household that you (and your spouse) will support between July 1, 2019 - June 30, 2020: (Support includes money, gifts, loans, housing, food, clothes, care, medical and dental care, payments of college costs, etc.) Include the following:

- **Yourself**
- **Spouse**, if legally married
- **Child(ren)**, if you (or your spouse) will provide more than half of their support from July 1, 2019 – June 30, 2020
- **Other dependent(s)**, if you (or your spouse) will provide more than half of their support from July 1, 2019 – June 30, 2020

Include the name of the college for any household member, excluding the parents, 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, 2019 – June 30, 2020

Full Name	Age	Relationship	Name of College	Enrolled at least halftime	
				YES	NO
1. _____	_____	Self	_____		
2. _____	_____	_____	_____		
3. _____	_____	_____	_____		
4. _____	_____	_____	_____		
5. _____	_____	_____	_____		
6. _____	_____	_____	_____		
7. _____	_____	_____	_____		

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

## 2017 Income and IRS Tax Information

### I. Student (and Spouse) Income Information:

*Check the appropriate box below and provide the requested documentation:*

- I/We used the IRS Data Retrieval Tool to transfer **2017** tax information to the FAFSA and no further changes were made
- I/We have attached copy of the **2017** Tax Return Transcript
- I/We have attached a **signed & dated** 2017 Federal Tax Return (please sign/date top of 1<sup>st</sup> page of 1040 form)

**OR**

- I/We **did not** and **was/were not** required to file a 2017 Federal Tax Return

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### II. Parent(s), listed on 2019-2020 FAFSA, Income Information:

*Check the appropriate box below and provide the requested documentation:*

- I/We used the IRS Data Retrieval Tool to transfer **2017** tax information to the FAFSA and no further changes were made
- I/We have attached a copy of the **2017** IRS Tax Return Transcript
- I/We have attached a **signed & dated** 2017 Federal Tax Return (please sign/date top of 1<sup>st</sup> page of 1040 form)

**OR**

- I/We **did not** and **was/were not** required to file a 2017 Federal Tax Return

## Certifications and Signatures

*By signing this worksheet, I/We certify that all the information reported is complete and accurate.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Spouse Signature

\_\_\_\_\_  
Date

**WARNING:** *It is a Federal offense to purposely falsify any information on this form*

**\*\* Any portion of this form left blank will be returned for review/completion. \*\***