

FAO	Use	Only:	☐ Dep	Ind
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Financial Aid Office P.O. Box 501250; Saipan MP, 96950 (670) 237-6791/2/3/4 fao@marianas.edu

Northern Marianas College Financial Aid Office

Your application for federal financial aid was selected for review in a process called "VERIFICATION" which requires that we compare information from your FAFSA with signed copies of your Federal tax forms, W-2 forms and/or other financial documents. If there are differences between your application and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign this worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application or award financial aid until verification has been completed. Contact the Financial Aid Office (670-237-6791/2/3/4) if you need assistance. **Do not leave any space blank. If an item does not apply to you, enter zero.**

FAMILY HOUSEHOLD INFORMATION DEPENDENT STUDENTS: List the people in your parents' household; include the following: • yourself and your parents(e) you live with (including stepparent), and • your parents' other children, if (a) your parents provide more than half of their support from July 1, 2022 through June 30, 2023, or (b) the children would be required to provide parental information when applying for Federal Student Ald, 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 and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their support and will continue to provide more than half of their from July 1, 2022 through June 30, 2023. Full Name Age Relationship College currently attending or will attent least half-time between 7/1/21 and 6/30 and	Student ID Number		Student ID N	Suffix	M.I		First Name	Last Name	
DEPENDENT STUDENTS: List the people in your parents' household: include the following: • yourself and your parents(s) you live with (including stepparent), and your parents' other children, if (a) your parents provide more than half of their support from July 1, 2022 through June 30, 2023, or (b) the children would be required to provide parental information when applying for Federal Student Ald, 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. Full Name Age Relationship College currently attending or will attend least half-time between 7/1/21 and 6/30 L College currently attending or will attend least half-time between 7/1/21 and 6/30 A STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION 1. Please check one of the following:	lumber	Phone Num	Date of Birth	Zip	State	5	City	ddress	
Relationship least half-time between 7/1/21 and 6/30 1.	from e than half	of their support from	ollowing: your spouse, if married, , if you provide more than half of rough June 30, 2023, if they now live with you, and yound will continue to provide more	include the f • yourself and • your children July 1, 2022 the and • other people their support a	d half of their n would be Student Aid, rovide more	stepparent), an vide more than lar (b) the childreng for Federal S	DENTS: List the people in : ent(s) you live with (including sildren, if (a) your parents provided through June 30, 2023, or ental information when applying the with your parents, and yort and will continue to provide	DEPENDENT STUD nclude the following: • yourself and your pare • your parents' other chi support from July 1, 20 required to provide pare and • other people if they no than half of their support	
3. 4. 5. 6. 7. 8. STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION 1. Please check one of the following:		-		ionship	Relat	Age	ll Name		
5. 6. 7. 8. STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION L. Please check one of the following:									
6. 7. 8. STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION Please check one of the following:								4.	
7. 8. STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION Please check one of the following:									
STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION Please check one of the following:									
L. Please check one of the following:								8.	
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Students (and spouse) 2020 1040 Tax attached. You (student) will NOT file and are NOT REQUIRED to file a 2020 1040 Tax Return. (See	See No. 2 be	040 Tax Return. (See No	T REQUIRED to file a 2020 104	l NOT file and are NO	You (student) w	ttached.	•		



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		Northern Marianas Colle	ege Financial Aid Office		
D. PARENT(S)	TAX FORMS AND INCOME I	NFORMATION (FOR	DEPENDENT STUDENTS)		
1. Please check o	ne of the following:				
Parents' 202	0 1040 Tax attached.	will NOT file and are NOT REQU	JIRED to file a 2020		
2 If your parent/s	1040 Tax s) did not file and are not require	k. (See No. 2 below)	list helow your parent(s)' empl	over(s) and any in	ncome received in 2020
	W-2 form or other earnings stateme		nst below your parent(s) empi	2020 amount	icome received in 2020
		UNTAXED	INCOME		
		CALENDAR	YEAR 2020		
Parent (s)	T				nt (and Spouse)
\$	Child Support RECEIVED for	all children. Don't inclu	ide foster care or adoption pa	yments	\$
\$	Housing, food, and other li	lergy, and	\$		
	others (including cash payr		d elsewhere, such as worker's	compensation	
		·	x credit from IRS form 1040 li	•	
\$	Don't include student aid, V	\$			
	-	ding arrangements, e.g	. Cafeteria Plans, Social Secu	rity Benefits,	
<u> </u>	SSI, Welfare payments.	on your bobalf (o.g. bills)), not reported elsewhere on th	is form	_
\$			•	15 101111.	\$
	Δ	ADDITIONAL FINAN CALENDAR			
Parent (s)		CALENDAR	TEAR 2020	Studer	nt (and Spouse)
. ,	Child Support PAID because	of divorce or separation	on. Do not include support for		
\$	your (or your parents') hous	•			\$
If Child Support Paid:	Paid to (Parent's Name) :				
If Child Support Paid:	Paid for (Child (ren) Name):				
\$	Taxable earnings from Federal Work-Study or other need-based work programs.				\$
\$	Student grant, scholarship, fe reported to the IRS in your (o	\$			
\$		Earnings from work under a cooperative education program offered by the college			
*	<u> </u>	· · · · · · · · · · · · · · · · · · ·	, ,		\$
F I/WE RECEIV	/E FOOD STAMP BENEFITS	IN 2020 OR 20212			
☐ Yes*			were received MUST submit	documentation	from DCCA (NAP)
		. room oranip sononio	more received in correction.		
F. SIGN THIS W	ORKSHEET: BY SIGNING T	HIS WORKSHEET, W	/E CERTIFY THAT ALL THE	INFORMATIO	N REPORTED TO
QUALIFY FOR F	EDERAL STUDENT AID IS O	COMPLETE AND COI	RRECT. WARNING: IF YOU	J PURPOSELY (GIVE FALSE OR
MISLEADING II	NFORMATION ON THIS WO	ORKSHEET, YOU MA	AY BE FINED, BE SENTENC	ED TO JAIL OR	вотн.
2 /2					
Student (Requi	red)	Date	Spouse (Optio	onal)	Date
			RETURN THIS ALONG WI	TH REQUESTED SUP	PORTING DOCUMENTS:
Parent (Require	ed for dependent student)	Date		ianas College, Finan	
. a. c. it (itcquii	ca for acpeniacing students	Date	P.O. Box	501250: Saipan MP	96950

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