

FAO	Use	Only	: 🗆	Den	Ind
. , .	030	O 1 11 y		PCP	

Financial Aid Office P.O. Box 501250; Saipan MP, 96950 (670) 237-6791 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. **FAO is unable to continue processing your financial aid application or award financial aid until verification has been completed.** Contact the Financial Aid Office if you need assistance. Do not leave any space blank. If an item does not apply to you, enter zero.

A. STUDENT INFORMATION							
Last Name	First Name	M.I	Suffi	x	Student ID Nu	ımber	
Mailing Address		City	State	Zip	Date of Birth	Phone Number	

B. FAMILY HOUSEHOLD INFORMATION

DEPENDENT STUDENTS: List the people in your <u>parents'</u> household; include the following:

- yourself and your parent(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, 2025 through June 30, 2026, or (b) the children would be required to provide parental information when applying for Federal Student Aid, 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, 2025 through June 30, 2026.

INDEPENDENT STUDENTS: List people in <u>your</u> household; include the following:

- yourself and your spouse, if married,
- your children, if you provide more than half of their support from July 1, 2025 through June 30, 2026,
- 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, 2025 through June 30, 2026.

Full Name	Age	Relationship	College currently attending or will attend at least half-time between July 1, 2025 through June 30, 2026
1.		SELF	Northern Marianas College
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			



Financial Aid Office P.O. Box 501250; Saipan MP, 96950 (670) 237-6791 fao@marianas.edu

Northern Marianas College Financial Aid Office

C. STUDENT'S (AND SPOUSE'S) TAX FORM	IS AND INCOME IN	FORMATION	
1. Please check one of the following: Students (and spouse) 2023 1040 Tax attach	ed. You (student	:) will NOT file and are NOT REQUIRED t	o file a 2023 1040 Tax Return. (See No. 2 below
2. If you and your spouse (if married) did not file and a	re not required to file a	2023 1040 Tax, list below your employe	r(s) and any income received in 2023.
Sources (Use the W-2 form or other earnings statement)			023 amount
D. PARENT(S)' TAX FORMS AND INCOME IN	NFORMATION (FO	R DEPENDENT STUDENTS)	
1. Please check one of the following:			
Parents' 2023 1040 Tax attached.	vill NOT file and are NOT RE	QUIRED to file a 2023 1040 Tax. (See No. 2 be	elow)
2. If your parent(s) did not file and are not required	d to file a 2022 1040 Ta	w list bolow your parent/s)' amplo	vor(s) and any income received in 2022
Sources (Use the W-2 form or other earnings statemen		023 amount	
	,		
E. SIGN THIS WORKSHEET: BY SIGNING REPORTED TO QUALIFY FOR FEDERAL PURPOSELY GIVE FALSE OR MISLEADII SENTENCED TO JAIL OR BOTH.	STUDENT AID IS	COMPLETE AND CORREC	T. WARNING: IF YOU
Student (PRINT & <u>ORIGINAL</u> SIGNATURE)	Date	Financial Aid Administ	rator Date
Parent/Contributor	 Date	RETURN THIS ALONG WITH F	REQUESTED SUPPORTING DOCUMENTS:
(PRINT & <u>ORIGINAL</u> SIGNATURE)	Date	Northern Mariana	s College, Financial Aid Office
		P.O. Box 501	.250; Saipan MP, 96950
		Ві	uilding N -1-1
		fao@	Dmarianas.edu