

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.

A. STUDENT INFORMATION

Last Name	First Name	M.I	Su	ffix	Student ID Nu	mber
Address	City	State	Zij)	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 			i;	include the follo	T STUDENTS: List people owing: ur spouse, if married,	e in <u>your</u> household;

• your parents' other children, if (a) your parents provide more than half of their support from July 1, 2021 through June 30, 2022, 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, 2021 through June 30, 2022.

• your children, if you provide more than half of their support from

July 1, 2021 through June 30, 2022.

and

• 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, 2021 through June 30, 2022.

Full N	lame	Age	Relationship	College currently attending or will attend at least half-time between 7/1/21 and 6/30/22
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

C. STUDENT'S (AND SPOUSE'S) TAX FORMS AND INCOME INFORMATION

1. Please check one of the following: Students (and spouse) 2019 1040 Tax attached. You (student) will NOT file and are NOT REQUIRE	D to file a 2019 1040 Tax Return. (See No. 2 below)		
2. If you and your spouse (if married) did not file and are not required to file a 2019 1040 Tax, list below your employer(s) and any income received in 2019.			
Sources (Use the W-2 form or other earnings statement)	2019 amount		



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D. PARENT(S)' TAX FORMS AND INCOME INFORMATION (FOR DEPENDENT STUDENTS)

1. Please check one of the following:

Parents' 2019 1040 Tax attached.

Parents will NOT file and are NOT REQUIRED to file a 2019 1040 Tax. (See No. 2 below)

2. If your parent(s) did not file and are not required to file a 2019 1040 Tax, list below your parent(s)' employer(s) and any income received in 2019. Sources (Use the W-2 form or other earnings statement) 2019 amount

UNTAXED INCOME **CALENDAR YEAR 2019**

Parent (s)	Studer	nt (and Spouse)
\$	Child Support RECEIVED for all children. Don't include foster care or adoption payments	\$
\$	Housing, food, and other living allowance paid to members of the military, clergy, and others (including cash payments and cash value of benefits).	\$
\$	Any other untaxed income or benefits not reported elsewhere, such as worker's compensation, disability, etc. Also include first time homebuyer tax credit from IRS form 1040 line 67. Don't include student aid, Workforce Investment Act educational benefits, combat pay or benefits from flexible spending arrangements, e.g. Cafeteria Plans, Social Security Benefits, SSI, Welfare payments.	\$
\$	Money received , or any paid on your behalf (e.g. bills), not reported elsewhere on this form.	\$

ADDITIONAL FINANCIAL INFORMATION CALENDAR YEAR 2019

Parent (s)

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\$

\$

\$

Student (and Spouse) Child Support PAID because of divorce or separation. Do not include support for children in \$ your (or your parents') household, as reported on the FAFSA. 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, fellowship, and assistantship aid, including AmeriCorps Awards, that was \$ reported to the IRS in your (or your parents') adjusted gross income. \$ Earnings from work under a cooperative education program offered by the college

E. I/WE RECEIVE FOOD STAMP BENEFITS IN 2019 OR 2020?

☐ Yes* [

🗌 No

*If food stamp benefits were received MUST submit documentation from DCCA (NAP)

F. SIGN THIS WORKSHEET: BY SIGNING THIS WORKSHEET, WE CERTIFY THAT ALL THE INFORMATION REPORTED TO QUALIFY FOR FEDERAL STUDENT AID IS COMPLETE AND CORRECT. WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, BE SENTENCED TO JAIL OR BOTH.

Student (Required)	Date		Spouse (Optional) Date
Parent (Required for dependent student)	Date		RETURN THIS ALONG WITH REQUESTED SUPPORTING DOCUMENTS: Northern Marianas College, Financial Aid Office P.O. Box 501250; Saipan MP, 96950 fao@marianas.edu