



UNIVERSITY OF ALASKA FAIRBANKS  
FINANCIAL AID OFFICE  
107 EIELSON BUILDING, PO BOX 756360  
FAIRBANKS, AK 99775-6360  
(907) 474-7256 or 1-888-474-7256  
uaf-financialaid@alaska.edu

FA VF  
22-23

## VERIFICATION WORKSHEET

Name

Student ID

Email

Phone

### TAX INFORMATION (for tax year 2020)

#### Student filing status:

- ☐ Single or head of household    ☐ Married, filing jointly    ☐ Married, filing separately    ☐ Will not file

#### Parent(s) (of dependent student) filing status:

- ☐ Single or head of household    ☐ Married, filing jointly    ☐ Married, filing separately    ☐ Will not file

**NOTE: If your marital status has changed since filing your 2020 federal tax return, please contact the financial aid office before completing this form.**

**Taxes:** Students, spouses of married students, and the parent(s) of dependent students who filed taxes for the 2020 tax year and did not use the FAFSA-IRS data retrieval tool must provide a signed copy of their 2020 tax return (form 1040, or 1040-SR) **OR** their 2020 tax return transcript from the IRS.

**Students, spouses of married students, and the parent(s) of dependent students who did not and will not file a federal tax return for the 2020 tax year must complete a statement of non-filing form available at the Financial Aid Office.**

#### Check one:

- ☐ The student and/or parent(s) filed taxes for 2020 and successfully used the FAFSA-IRS data retrieval option when first submitting the FAFSA. Tax transcripts were not requested by the Financial Aid Office. (Check UAonline)
- ☐ The student and/or parent(s) filed taxes for 2020, but did not use or were unable to use the FAFSA-IRS data retrieval option. A signed copy of the 2020 tax return(s) or tax transcripts are attached.
- ☐ The student and/or parent(s) filed taxes for 2020 and have amended the FAFSA successfully using the FAFSA – IRS data retrieval tool.  
Date amended FAFSA was submitted: \_\_\_\_\_
- ☐ The student and/or parent(s) did not and will not file taxes for 2020.  
Please attach the UAF Student/Parent Statement of Non-Filing.

## **HOUSEHOLD INFORMATION**

**In the chart below, list the names of all people in your household, their ages, and their relationship to you. If any of the people in your household (EXCEPT the parent(s) of a dependent student) are attending college, university, or another postsecondary training program at least half time, list the school they attend. Attach additional paper if necessary.**

**Dependent students**, list the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2022, through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2023.

**Independent Students**, list the people in your household. Include:

- Yourself and your spouse, if you are married.
- Your children for whom you will provide more than half of their support from July 1, 2022 through June 30, 2023, or if the child would be required to provide your information if they were completing a FAFSA for 2022–2023. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2023.

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE
		SELF	UAF

## **CERTIFICATION:**

**Read carefully before you sign:**

I hereby certify that all information contained in this document is true and correct to the best of my knowledge. I understand that if I am found to have knowingly or intentionally given false or fraudulent statements and/or documentation, my eligibility for federal, state, and institutional student aid will be jeopardized. I authorize the University of Alaska Fairbanks to verify any information provided by me in this document and any other information pertaining to my financial aid eligibility.

**Note:** Federal regulations stipulate that suspicion of fraud must be reported to the U.S. Department of Education for possible investigation by the Office of the Inspector General and possible prosecution by the United States Attorney General.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (required for DEPENDENT students)

\_\_\_\_\_  
Date