

## Verification Worksheet

### Federal Student Aid Programs

Your application is selected for a review called "Verification." In this process, WVC will be comparing information from your application with your spouse's (if applicable) **2024** Federal tax information, W-2 forms, or other financial documents. Federal regulations give our office the right to request this information before awarding financial aid. If there are differences between your application information and your financial documents, WVC will make corrections electronically to have your information reprocessed. To avoid delays in processing your financial aid, please return verification items as soon as possible.

*Wenatchee Valley College must review the requested information, under the financial aid program rules (CFR Title 34, Part 668).*

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

### A. DEPENDENT STUDENT INFORMATION

|                                   |                    |             |                       |
|-----------------------------------|--------------------|-------------|-----------------------|
| Student Last Name                 | Student First Name | Middle Name | Student ID number     |
| Street Address (include apt. no.) |                    |             | Student Date of Birth |
| City                              | State              | Zip Code    | Student Phone Number  |
| Email Address                     |                    |             | Alternate/Cell Number |

**Use this checklist to ensure you complete all steps – INCOMPLETE FORMS CANNOT BE PROCESSED:**

- ☐ Complete this worksheet. **ALL SECTIONS MUST BE COMPLETED.** Enter a zero amount if a field does not pertain to you. Read instructions carefully and follow all directions. *If you have questions, contact our office for assistance.*
  - ☐ **STUDENT MUST SIGN THE WORKSHEET.**
  - ☐ **Attach all required documentation. Forms missing the required documentation will be considered incomplete.**
  - ☐ Submit the worksheet, plus any required documentation, to the financial aid office at Wenatchee Valley College.
- ➔ Please note that we may request other documents to verify additional information as we deem necessary. ➔

### B. STUDENT DEPENDENT FAMILY INFORMATION

List current household members as directed below. If any household member will be attending college at least half time, enrolled in a degree or certificate program, including the name of the college. If you need more space, attach a separate page.

**\*\*If you have any questions about who to include in your parents' household, contact the financial aid office.\*\***

**Include the following in your family size:**

Yourselves (list yourself first, on the line designated "STUDENT")  
Your spouse (if married, and not separated)  
Your children (under age 24), **if you will provide more than half of their support from July 1, 2026 through June 30, 2027.**

**Include other people in your household ONLY IF:**

They are currently living 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, 2026 through June 30, 2027. **Supporting documentation may be required.**

**\*\*\*Please be consistent with reference to Parent #1 and Parent #2 throughout this form.\*\*\***

| Full Name              | Age | Relationship | College                  |
|------------------------|-----|--------------|--------------------------|
| (example) Martha Jones | 24  | Mother       | City University          |
|                        |     | STUDENT      | Wenatchee Valley College |
|                        |     |              |                          |
|                        |     |              |                          |
|                        |     |              |                          |
|                        |     |              |                          |
|                        |     |              |                          |
|                        |     |              |                          |

|        |                                                                                                                                                                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| For    | <input type="checkbox"/> V1 <input type="checkbox"/> V4 <input type="checkbox"/> V5 <input type="checkbox"/> 0B <input type="checkbox"/> 5# <input type="checkbox"/> 5\$ |
| Office | TR/EFC ____/____/____ <input type="checkbox"/> OK or                                                                                                                     |
| Use    | <input type="checkbox"/> Corrected to ____/____/____                                                                                                                     |
| Only:  | Initials: _____ Date: _____                                                                                                                                              |

**C. Independent Student's Income Information to Be Verified** (Check the box that applies.)

- ☐ The student has consented to use the Direct Exchange (DDX) on the FAFSA to retrieve and transfer **2024** IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- ☐ The student will provide the institution with a **2024** IRS Tax Return Transcript or a **signed copy** of the **2024** income tax return and applicable schedules.
- ☐ The student was not employed and had no income earned from work in **2024** OR the student was employed but was not required to file a **2024** federal tax return

**CI. Spouse Income Information to Be Verified** (check the box that applies.)

- ☐ The student's spouse has consented to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer **2024** IRS income information into the student's FAFSA, on either the initial FAFSA or when making correction to the FAFSA.
- ☐ The student's spouse will provide the institution with the **2024** IRS Tax return Transcript or a **signed copy** of the **2024** income tax return and applicable schedules.
- ☐ The student's spouse was not employed and had no income earned from work in **2024** OR the student's spouse was employed but was not required to file a **2024** federal tax return.

**CII. Tax Return Non-Fileers- complete this section if the student and/or spouse indicated above they will not file and are not required to file a 2024 income tax return with the IRS.**

List every employer and attach W2s.

| Employer's name              | 2024 Amount Earned  | IRS W-2 Attached? |
|------------------------------|---------------------|-------------------|
| Raymond's Creamery (example) | \$2532.00 (example) | Yes (example)     |
|                              |                     |                   |
|                              |                     |                   |
|                              |                     |                   |
|                              |                     |                   |
|                              |                     |                   |
|                              |                     |                   |

**F. Certification and Signatures**

Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

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\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

## ***Wenatchee Valley College Non-discrimination Statement***

Wenatchee Valley College is committed to a policy of equal opportunity in employment and student enrollment. All programs are free from discrimination and harassment against any person because of race, creed, color, national or ethnic origin, sex, sexual orientation, gender identity or expression, the presence of any sensory, mental, or physical disability, or the use of a service animal by a person with a disability, age, parental status or families with children, marital status, religion, genetic information, honorably discharged veteran or military status or any other prohibited basis per RCW 49.60.030, 040 and other federal and laws and regulations, or participation in the complaint process.

The following persons have been designated to handle inquiries regarding the non-discrimination policies and Title IX compliance for both the Wenatchee and Omak campuses:

- To report discrimination or harassment: Title IX Coordinator, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- To request disability accommodations: Student Access Coordinator, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: dial 711, sas@wvc.edu.

## ***Wenatchee Valley College Declaraciones de no discriminación***

Wenatchee Valley College está comprometido a una política de igualdad de oportunidades en el empleo y la matriculación de estudiantes. Todos los programas están libres de discriminación y acoso contra cualquier persona debido a raza, credo, color, origen nacional o étnico, sexo, orientación sexual, identidad o expresión de género, la presencia de cualquier discapacidad sensorial, mental o física, o el uso de un animal de servicio por una persona con discapacidad, edad, estatus o familias con niños, estado civil, religión, información genética, veterano descargado honorablemente o estatus militar o cualquier otra base prohibida por el RCW 49.60.030, 040 y otras leyes y reglamentos federales, o participación en el proceso de queja.

Las siguientes personas han sido designadas para atender consultas sobre las políticas de no discriminación y el cumplimiento del Título IX para los campus de Wenatchee y Omak:

- Para denunciar discriminación o acoso: Coordinador del Título IX, Wenatchi Hall 2322M, (509) 682-6445, title9@wvc.edu.
- Para solicitar adaptaciones para discapacitados: Coordinador de acceso estudiantil, Wenatchi Hall 2133, (509) 682-6854, TTY/TTD: marque 711, sas@wvc.edu