

Independent Verification Worksheet

IVWSHT

Student's Name: _____ Student ID: _____

Your Texas Application For State Financial Aid was selected for a process called verification. Please answer the following questions to verify information reported on your TASFA, then sign the document and submit the form.

HOUSEHOLD SIZE

List the people in your household, including:

- Yourself (and your spouse, if applicable).
- Your children only if you and/or your spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
- Other people if they now live with you AND you or your spouse provided more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

COLLEGE ENROLLMENT

Write in the name of the college/university for any of the household members who will attend college at **least half-time** between July 1, 2023 and June 30, 2024 and will be enrolled in a degree, diploma, or certificate program.

Name of Family Member	Relationship to Student	Age	College Name
	Self		UTRGV

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student 2021 Income Information

Were you a resident of the United States in 2021? ☐ Yes ☐ No

☐ I filed a 2021 Tax Return. **OR**

☐ I will file a 2021 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Complete this section if you **DID NOT** file a 2021 Tax Return.*

☐ I, _____ am not required to file a 2021 Tax Return.
Student's Name

Did you earn wages in 2021? ☐ Yes ☐ No

Spouse 2021 Income Information

Spouse's SSN: _____

Was your spouse a resident of the United States in 2021? ☐ Yes ☐ No

☐ My spouse filed a 2021 Tax Return. **OR**

☐ My spouse will file a 2021 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

*Complete this section if you **DID NOT** file a 2021 Tax Return.*

☐ My Spouse, _____ was not required to file a 2021 Tax Return. (complete if applicable)
Spouse's Name

Did your spouse earn wages in 2021? ☐ Yes ☐ No

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student

Date

You can submit your document(s) at : tasfa@utrgv.edu