2023–2024 INSTITUTIONAL VERIFICATION FORM (IVF)

Student Name: _____   Student ID: _____

Section A: Household Size Information
Please refer to directions for members to include in household chart.

For dependent students, please list all members of the family that meets the following criteria:
- North Central student
- Parents (including stepparent), even if the student does not live with parents.
- Parents' other children if parent will provide at least 51% of their support from 7/1/23-6/30/24, or if the other children would be required to provide parental information if they were completing a 2023-24 FAFSA. **(Include children who meet either of these standards even if they do not live with the parents)**
- Other people if they now live with the parents and the parents provide at least 51% of their support and will continue to do so through 6/30/24.
- Parents cannot be included in number in college.

For independent students, please list all members of the family that meets the following criteria:
- North Central student
- Student's spouse (if student is married).
- Student's or spouse's children if student or spouse will provide at least 51% of their support from 7/1/23-6/30/24, **even if the children do not live with the student.**
- Other people if they now live with the student & the student or spouse provides at least 51% of their support and will continue to do so through 6/30/24.

Name of Family Member Include all family members even if they will not be attending college.	Relationship to student	Age	Name of the College family member will be enrolled at least half-time, in a degree-seeking program between 7/1/23 and 6/30/24. Please don't indicate "Undecided".
1. **STUDENT'S NAME**:	**SELF**		**NORTH CENTRAL COLLEGE**
2.			
3.			
4.			
5.			
6.			
7.			
8.			

☐ <u>**Check this box if there are more than eight family members**</u>, and attach a list of the additional members.

PLEASE COMPLETE BACK SIDE OF FORM →

Section B: Tax Filer Information

Did the student file a 2021 federal tax return?   YES   NO

If yes:

- Please use Data Retrieval Tool to import tax information to the FAFSA **OR**
- Submit copies of the following documents to the office:
    - o Signed federal 1040 tax return for calendar year 2021
    - o Any applicable schedules, including Schedule 1, 2, 3, C, or SE for calendar year 2021

Did the parent(s) file a 2021 federal tax return?   YES   NO

If yes:

- Please use Data Retrieval Tool to import tax information to the FAFSA **OR**
- Submit copies of the following documents to the office:
    - o Signed federal 1040 tax return for calendar year 2021
    - o Any applicable schedules, including Schedule 1, 2, 3, C, or SE for calendar year 2021

Section C: Non-Tax Filer Information (only if answer No in section B)

Did the student work in 2021?   YES   NO

If yes, please complete chart below and provide copies of W-2s for calendar year 2021.

If no, no further action required.

Did the parent work in 2021?   YES   NO

If yes, please complete chart below and provide copies of W-2s for calendar year 2021.

If no, no further action required.

*If independent or the parent of a dependent student and not required to file a 2021 IRS Tax Return, please provide an IRS Verification of Non-filing Letter for 2021. You can request this at https://www.irs.gov/individuals/get-transcript

If tax return was not filed and was not required but you worked, list all sources and amounts of 2020 income:

Student 2021 Income Source	Student 2021 Income Amount	Parent 2021 Income Source	Parent 2021 Income Amount
	$		$
	$		$
	$		$
	$		$

Section D: Certification Section

I/We, hereby certify that all of the information that is provided on the *Institutional Verification Form* and the *Free Application for Federal Student Aid* is true, complete and correct to the best of my/our knowledge. I understand that if corrections need to be made to my FAFSA results, the Financial Aid Office will make all necessary corrections. **NOTE: ORIGINAL SIGNATURES REQUIRED**

_____   _____

Student Signature (Original Required)   *Date*   *Parent Signature (Original Required)*   *Date*