

Office of Financial Aid

471 University Parkway Aiken, SC 29801 Office: 803-641-3476

Fax: 803-643-6840 Email: stuaid@usca.edu

2024-2025 Independent Verification Form

NOTICE: Per Federal Regulations, you must submit documents by mail, fax (803-643-6840) or in person.

Any documents sent by email will be deleted and WILL NOT BE PROCESSED!

Your 2024-2025 Free Application for must be completed before you can our office at the address or fax num	be awarded. As part	of this process, pleas	e complete this form, provid	alled verification. Verification de signatures, and return it to	
Student's Name: Last	First	M.I.	USC ID	VIP ID	
VERIFICATION DO	CUMENTS WITH	JNANSWERED QU	JESTIONS WILL NOT B	E PROCESSED.	
Se	ection 1: Inform	ation about you	ı and your Family		
		rour spouse: (You ma □Married/Remarri □Separated	ied □\	o provide legal documentation). □Widowed □Divorced	
2. Indicate the month and year you			•	vidowed.	
	Month:	Year:			
3. List the people living in your how the student, the student's spous spouse will provide more than hother people if they now live with person's support and will continu	usehold and receivin e (if the student is m alf of the children's s n the student and the	g your support from arried), the student's support even if a child e student or spouse p	July 1, 2024, and June 30 or spouse's children if the does not live with the study or ovides more than half of	e student or Ident. Include the other	
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Section 2: Information about Student and Spouse Income

•	ven to share and im	port income and ta	 information from the IRS to the FAFS information to the FAFSA but were none of the following: 	
	ttached a copy of t	•		
□ Student/Spouse s	• •		th schedules 1, 2, 3, C, or K, if	
applicable □ Student/spouse worked in 202: □ Student/Spouse 2	2 but was not requi 022 W2	red to file taxes. Pro	ovide the following: (Complete question	n 3)
 Did you or your spouse file an amend If you answered yes, filed a 1040-X to ☐ A signed copy of y 	amend/make char	ges your taxes, ple		
must be requested directly from the IF confirmation of non-filing can also be	n the IRS dated on RS by going to www obtained from the uxing authority (e.g. a W-2 form, please	or after October 1, 2 v.irs.gov/transcript of RS by completing I , a U.S. territory or complete the follow	2022. An IRS Verification of Non-filing or by calling 1-800-908-9946. A Form 4506-T (check Box 7). If appropria foreign government) is also acceptabiling section and attach a copy of the W	riate, ole. V-2
Transcript from the IRS.				٦
Student/Spouse Employer's Name	e 2022 A	mount Earned	IRS W-2 or 1099-MISC Attached?	
☐ Attached pa	ge to include	additional ho	ousehold members.	
				1
Other Income Type (Social Security, Disability, etc.)	Monthly Amount		ths Annual amount	
Other Income Type (Social Security, Disability, etc.)	Monthly Amount	Number of mon Received (1-1	ths Annual amount 2) January 2022-December 2022	
Other Income Type (Social Security, Disability, etc.)	Monthly Amount	Number of mon Received (1-1	ths Annual amount	
Other Income Type (Social Security, Disability, etc.)	Monthly Amount	Number of mon Received (1-1 al income and/or exp	ths Annual amount 2) January 2022-December 2022 clanation of family support.	
Other Income Type (Social Security, Disability, etc.) Attached blank page NOTICE: Per Federal Regulations, Do You must submit By signing below, we certify that a University of South Carolina Aiker	Monthly Amount ge to include addition Section 3: Rec O NOT EMAIL veri documents by m all information on to make change	Number of mon Received (1-1 al income and/or exp quired Signatur fication documer ail, fax (803-643-6 this form is com s to the student's	Annual amount January 2022-December 2022 Danation of family support. es ats (including tax documents and Na40) or in person. plete and correct. We also authori	ze the ments
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*The University has the authority to request additional documentation, if necessary, when processing the student's verification.