



Verification Statement – Dependent Student

Please print, complete, sign, and submit this form.

Step 1 – Student Information

_____	_____		
Student's name (First, MI, Last)	CBFinAid ID		
_____	_____	_____	_____
Street Address (include apt. #)	City	State	Zip Code
_____	_____	_____	_____
Date of Birth	Student's Primary Phone # (include area code)	Student's Primary E-mail Address	

Step 2 – Household Information

Carefully read the following instructions, and in the table below, report:

- Yourself,
- Your parents, including step-parents, even if you do not live with your parents. Do not include your non-custodial parent.
- Your parent(s)' other dependent children if; your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020 or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–20. Include children who meet either of these standards even if the children do not live with the parents.
- Other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2019 through June 30, 2020.
- Provide college information for those students attending at least half-time during 2019-20 in a program leading to a degree, diploma, or certificate.

Full Name	Age	Relationship*	Name of College	Undergraduate/ Graduate	Enrollment	Expected Grad Date
		Self		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	

Step 3 – Student’s Tax Filing Status – Calendar Year 2017

Have you or will you be required to file a 2017 U.S. federal income tax return?

YES

NO, and I had no earnings from work. Submit a student *Non-Tax Filer’s Statement* through IDOC. The form is available on the dashboard.

NO, but I had some earnings from work. Submit a student *Non-Tax Filer’s Statement* through IDOC. The form is available on the dashboard. Be sure to submit all student 2017 W-2 and 2017 1099 forms received.

Step 4 – Parent(s)’ Tax Filing Status – Calendar Year 2017

Have your parent(s) filed or will they be required to file a 2017 U.S. federal income tax return?

YES

NO. Submit a parent *Non-Tax Filer’s Statement* through IDOC. The form is available on the dashboard. Be sure to submit all parent 2017 W-2 and 2017 1099 forms received.

Step 5 – Certification

I certify all the information reported is complete and correct (the student and at least one parent must sign). A hand written signature, not typed, is required:

Student Signature

Date

Parent Signature

Date