

Villanova University

Charles Widger School of Law

Financial Aid Form Guide



How to use Adobe Interactive PDF Forms

As part of the Office of Financial Aid's commitment to increased usability for our Law School students; all Financial Aid Forms have been updated to Adobe Interactive Forms which can be completed using a computer equipped with Adobe reader, or by utilizing most smartphone devices. Below you will find the different fields available on each form, and how you can properly complete each form utilizing the different fields. Please remember you will need to save your document under a new name (computer), or take a screenshot of the completed document (mobile device). Students are encouraged to utilize the programmed fields and manually sign if necessary. In order to be accepted and processed, all forms submitted must be clear and legible.

TO DECREASE THIS LOAN:



I wish to **decrease** my loan as follows:

Total amount previously requested

Amount to be cancelled/returned

Check boxes can be activated with a with tap or click.

GROSS AMOUNT (prior to fees being deducted)

\$ 10000

- \$ 5000

= \$ 5000

Mobile forms require manual calculation.

Academic Year boxes can be activated by clicking in the field and scrolling to the correct Academic Year.



I wish to **decrease** my loan as follows:

Total amount previously requested

Amount to be cancelled/returned

Total amount requested for the 2020-21 Academic Year

TO CANCEL THIS LOAN:



I no longer wish to borrow this loan for the 2019-20 Academic year.

Done

2019-20

2020-21

E-Signature boxes can be completed by clicking in the field and adding a digital signature (if you have created one). For Mobile devices like iPhone's, students may use the Markup feature.

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW Office of Financial Aid

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

FEDERAL DIRECT GRADUATE PLUS LOAN CHANGE FORM

This form is to be used to **decrease** or **cancel** your original Graduate PLUS Loan amount that you have already requested. If you have remaining eligibility and you wish to apply for additional Graduate PLUS loan funds, you must apply directly at www.studentloans.gov.

Note: Fees are deducted from each loan borrowed prior to disbursement. Therefore, the amount you receive (net amount) will be less than the amount you request (gross amount). When completing this form please indicate the gross amount you wish to change. For the current Graduate PLUS Loan Origination Fees, students can find information on the [Federal Student Aid Website](http://www.federalstudentaid.gov).

TO DECREASE THIS LOAN:



I wish to decrease my loan as follows:

Total amount previously requested

Amount to be cancelled/returned

Total amount requested for the 2019-20 Academic Year

GROSS AMOUNT (prior to fees being deducted)

\$

- \$

= \$ 0

TO CANCEL THIS LOAN:



I no longer wish to borrow this loan for the 2019-20 Academic year. Please cancel this loan in its entirety.

PRINT NAME _____ ID # _____

SIGNATURE _____ DATE _____

Text boxes can be activated by clicking inside the text field.

PRINT NAME Student Name

SIGNATURE _____

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FEDERAL DIRECT GRADUATE PLUS LOAN CHANGE

This form is to be used to **decrease** or **cancel** your original Graduate PLUS Loan amount that you have already requested. If you have remaining eligibility and for additional Graduate PLUS loan funds, you must apply directly at www.studentloans.gov.

Note: Fees are deducted from each loan borrowed prior to disbursement. Therefore, the amount you receive (net amount) will be less than the amount you request (gross amount). When completing this form please indicate the gross amount you wish to change. For the current Graduate PLUS Loan Origination Fees, students can find information on the [Federal Student Aid Website](http://www.federalstudentaid.gov).

TO DECREASE THIS LOAN:

☐ I wish to decrease my loan as follows:

Total amount previously requested

Amount to be cancelled/returned

Total amount requested for the 2019-20 Academic Year

GROSS AMOUNT (prior to fees being deducted)

\$

- \$

= \$ 0

TO CANCEL THIS LOAN:

☐ I no longer wish to borrow this loan for the 2019-20 Academic year. Please cancel this loan in its entirety.

PRINT NAME _____ ID # _____

SIGNATURE _____ DATE _____

Computer forms are equipped with a calendar. Phone dates require manual entry.

DATE 10/14/2019

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VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
ASSET INFORMATION FORM

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

Please list the value of your assets and if applicable, any debts associated with such. If you are married, the value listed should be the combined value of both you and your spouse=s assets. All blanks must be completed. If the value is zero, please enter "0".

1. Current balance of cash, savings, and checking accounts? (Do not include financial aid.)

What is it worth today? _____

2. Investments include real estate (do not include the home you live in), trust funds, UGMA and UTMA accounts owned by you/your spouse, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, other securities, installment and land sale contracts (including mortgages held), commodities, qualified educational benefits or education savings accounts (e.g., Coverdell savings accounts, 529 college savings plans and the refund value of 529 prepaid tuition plans owned by you/your spouse). *Do not include* the home you live in, the value of life insurance, retirement plans (401[k] plans, pension funds, annuities, non-education IRAs, Keogh plans, etc.).

a) Real estate (other than your primary residence):

What is it worth today? _____ What is owed on it? _____

b) Other investments:

What is it worth today? _____ What is owed on it? _____

3. Business value includes the market value of land, buildings, machinery, equipment, inventory, etc. *Do not include* the value of a small business if you/your spouse own and control more than 50% of the business and the business has 100 or fewer full-time or full-time equivalent employees.

What is it worth today? _____ What is owed on it? _____

4. Farm value includes the market value of land, buildings, machinery, equipment, inventory, etc. *Do not include* the value of a family farm that you/your spouse live on and operate.

What is it worth today? _____ What is owed on it? _____

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
ASSET QUESTIONNAIRE FORM

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

Academic Year: _____

Please complete the following information for only areas checked below. If the value is zero, please enter "0".

_____ **Interest Income:** On your tax return, you listed interest income of \$_____ but only

\$_____ in cash, savings, and checking and \$_____ in investments on your FAFSA.
Please either correct these amounts or explain the discrepancy.

Correct cash, savings, checking amount

\$ _____

Correct investment amount

\$ _____

Explanation _____

_____ **Dividend Income:** On your tax return, you listed dividend income of \$_____ but only

\$_____ in investments on your FAFSA. Please either correct this amount or explain the discrepancy.

Correct investment amount

\$ _____

Explanation _____

_____ **Business Income:** On your tax return, you listed income from a business but little or no asset value for this business on your FAFSA. Please give the current market value of your business including buildings, equipment, etc. or explain why there is no asset value for this business. If your business is a small business and you/your spouse own and control more than 50% of the business and the business has 100 or fewer full-time equivalent employees, do not list any value but explain below.

Current market value of business

\$ _____

Debt value of business

\$ _____

Explanation _____

_____ **Rental Real Estate, Royalties, Partnerships, S-Corps, Trusts, etc.:** On your tax return, there is income from rental real estate, royalties, partnerships, S-Corps, trusts, etc. but little or no asset value on your FAFSA. Please give the asset value or explain the discrepancy.

Current market value of real estate, investments, partnerships, etc.

\$ _____

Debt value of other real estate, investments, etc.

\$ _____

Explanation _____

Student Signature: _____ Date: _____

Spouse Signature: _____ Date: _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
EXTERNSHIP INFORMATION FORM

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

You are eligible to receive loans to cover your living expenses if you have been accepted into a summer externship that is at least 3 credits. Please note that we can only fund 7 weeks of living expenses over the summer while working your externship unless your externship is in a foreign country.

Name of Externship Host: _____

Address of Host: _____

For Summer _____ (year)

Externship Start Date: _____ Externship End Date: _____
MM/DD/YY MM/DD/YY

I certify that the above information is accurate and will notify the Office of Financial Aid if any of this information changes. I also certify that I am not receiving work-study funds during this same period of time for the same employer. I agree that I will promptly notify the Office of Financial Aid if I decide to end my participation in the externship.

Student Signature: _____ Date: _____

**VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
FERPA RELEASE FORM**

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

This form is OPTIONAL. Only complete and return this form if you would like to authorize the Office of Financial Aid to release your financial aid information to your parents, spouse or other individuals of your choice.

Purpose of this Form

Pursuant to the Family Educational Rights and Privacy Act (FERPA) Villanova Law School cannot disclose any information contained in the student's financial aid file without the student's written consent, except to the extent that FERPA authorizes disclosure without consent. A parent or spouse of a student does not have the automatic right to view the student's records without the express written consent of the student. Students may grant any third party (e.g., parent, spouse) permission to access his/her financial aid records by completing this form and returning it to the Office of Financial Aid.

I hereby authorize the financial aid office to release any information contained in my financial aid records, including eligibility and disbursement information, to the specific individual(s) listed below:

Full Name (First, MI, Last)
(Please print)

Relationship to Student

I acknowledge that this release is valid until I have completed my current degree program at Villanova University Charles Widger School of Law. I understand that I may revoke this permission at any time by notifying the Office of Financial Aid in writing.

Student Signature: _____ Date: _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW

INTERNATIONAL STUDENT AID APPLICATION

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

PERSONAL INFORMATION (please print clearly, EXACTLY as it appears on your passport)

Name _____ SS# _____ DOB _____
Family/Last name(s)

Country of Birth: _____ Country of Citizenship: _____

Address: _____

Telephone _____ Email Address _____
This email will be our primary method of communication with you.

During the _____ academic year, I will be: _____

Degree: _____

EXPECTED SOURCES OF ASSISTANCE FOR THE CURRENT ACADEMIC YEAR

List the amount and types of all the following **EXPECTED** sources of financial assistance for the **UPCOMING ACADEMIC YEAR, June - May** (IF NONE, ENTER "0"):

Outside Scholarships (other than from Villanova University Charles Widger School of Law)

Amount: _____ Name of Scholarship: _____

ADDITIONAL DOCUMENTS REQUIRED TO BE SUBMITTED TO THE OFFICE OF FINANCIAL AID:

I-20 - A valid and current I-20 Form that has been completed and signed by [The Office of International Student Services](#) at Villanova University

I-94 - Legible copy of your I-94 card

Please Note: Students that are not eligible U.S. Citizens are not eligible to receive federal student loans; however, private loans from commercial lenders may be available to help fund educational expenses.

I certify that all of the information submitted and related to my application for aid is accurate and complete. I agree to provide documentation, if necessary, to verify this information. If any information changes, I agree to notify the Office of Financial Aid immediately.

SIGNATURE OF APPLICANT: _____ Date: _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW – NON-DISCRIMINATION POLICY

The Charles Widger School of Law is committed to the belief that "with respect to the fundamental rights of the person, every type of discrimination, whether social or cultural, whether based on sex, race, color, social condition, language, or religion, is to be overcome and eradicated as contrary to God's intent" (Vatican Council II, *Gaudium et Spes* No. 29). Therefore, Villanova University Charles Widger School of Law admits students of any race, color, age, sex, religion or creed, or national/ethnic origin to all rights, privileges, programs, and activities generally accorded or made available at the School of Law. It does not discriminate on the basis of race, color, age, sex, religion or creed, national/ethnic origin, or non-disqualifying handicap in the administration of its educational programs, admissions policies, scholarship and loan programs, athletic and other School of Law programs, or in its employment policies. As a Roman Catholic and Augustinian institution, the School of Law strongly affirms the teaching of the Church on the rights and dignity of all persons, and hence condemns discrimination on the basis of a person's sexual orientation. This position is consistent with the Church's teaching on human sexuality, which does not endorse homosexual conduct. The Charles Widger School of Law accordingly reaffirms its commitment to providing an inclusive and supportive community for all, regardless of sexual orientation. Inquiries concerning equal opportunity policies may be referred to the University Affirmative Action Officer and/or Title IX Coordinator at the Office of Multicultural Affairs, Vasey Hall, Villanova University, Villanova, Pennsylvania, 19085-

**VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
J.D. LL.M. INTERNATIONAL PROGRAM FORM**

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Student ID#: _____

I have been accepted into and will participate in the following J.D. LL.M. International Program:

_____ for the following terms:

Fall _____ Spring _____

Important Notes Regarding this joint international program:

Not all J.D. LL.M. International Programs are eligible for federal student loans. If the foreign school is not an eligible federal student aid school, the then student must apply for a private educational student loan through a commercial lender.

Due to the fact that this is a joint program with a foreign school, it may take considerably more time to finalize your financial aid package; therefore, you must be prepared for any advance costs that you may incur before your refund will be ready. You should also be prepared for any financial documentation that may be necessary to obtain your VISA before a Financial Aid Estimated Award Letter can be prepared for you.

In order to facilitate the receipt of your study abroad funds and avoid delays, it is strongly recommended that start the application process as soon as possible and that you sign up for direct deposit.

It is strongly recommended that you meet with a Financial Aid Counselor to discuss the details of financial aid for this program before proceeding with the program.

By signing below, the student acknowledges that he understands the conditions and limitations for receiving financial aid for this international program.

Student Signature: _____ Date: _____

**VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
J.D. M.B.A. CREDITS FORM**

Please remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

If you attend summer semester at half time status, you may receive federal direct loan(s) to help you fund ONE summer semester while you are enrolled in the combined J.D./M.B.A. program. If you attend a subsequent summer semester, at least half time status (3 Credits), and require loan assistance to help defray the cost of tuition and living expenses, you will need to utilize an alternative loan source such as a private educational loan.

Please list the number of M.B.A. credits that you will be taking in the following semesters.
(IF THE ANSWER IS ZERO, PLEASE ENTER 0):

	<u>Number of Credits</u>
SUMMER _____	_____
FALL _____	_____
SPRING _____	_____

Expected Graduation Date _____

I understand that if I drop or add any courses in the M.B.A. Program I need to contact the Office of Financial Aid IMMEDIATELY to update this form as it will have an impact on my financial aid and may change the amounts and types of aid for which I qualify. I agree to keep the Office of Financial Aid informed on a timely basis of any and all changes that are made in my enrollment status.

Student Signature: _____ Date: _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
J.D. M.P.A. CREDITS FORM

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova,
PA 19085

Name: _____ Banner ID#: _____

If you attend summer semester at half time status, you may receive federal direct loan(s) to help you fund ONE summer semester while you are enrolled in the combined J.D./M.P.A. program. If you attend a subsequent summer semester, at least half time status (3 Credits), and require loan assistance to help defray the cost of tuition and living expenses, you will need to utilize an alternative loan source such as a private educational loan.

Please list the number of M.P.A. credits that you will be taking in the following semesters. (IF THE ANSWER IS ZERO, PLEASE ENTER 0):

Number of Credits

SUMMER _____

FALL _____

SPRING _____

Expected Graduation Date

I understand that if I drop or add any courses in the M.P.A. Program I need to contact the Office of Financial Aid IMMEDIATELY to update this form as it will have an impact on my financial aid and may change the amounts and types of aid for which I qualify. I agree to keep the Office of Financial Aid informed on a timely basis of any and all changes that are made in my enrollment status.

Student Signature: _____

Date: _____

**VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
LIVING ARRANGEMENTS FORM**

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

Academic Year: _____

There is some clarification needed regarding your living arrangements for the upcoming academic year. Please complete the following indicating where you plan to live during the academic year listed above:

_____ **With my parents or other relatives at this address:**

Telephone: _____

_____ **Not with my parents or other relatives. I will be living OFF-CAMPUS at this address:**

Telephone: _____

This address is effective as of _____

_____ I will be paying rent/mortgage _____ I will NOT be paying rent/mortgage

_____ **I do not have an address at this time, please process my budget as living at home. I will update the office of financial aid with my off-campus address at a later date.**

If you cannot provide us with an off-campus address, we will process your aid as though you were living at home until such an address is given to us.
--

If at any time these arrangements change, I promise to notify the Office of Financial Aid IMMEDIATELY. I understand that any failure to do so may result in the loss of financial aid.

Student Signature: _____ Date: _____

**VILLANOVA UNIVERSITY SCHOOL OF LAW
SELECTIVE SERVICE FORM**

Please remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

Academic Year: _____

Men aged 18-25 are required to register with the Selective Service System (SSS). This requirement covers men residing in the United States who are U.S. citizens or noncitizens, except that a man who is in the U.S. as a lawful nonimmigrant isn't required to register as long as he maintains that status. Students who are required to register with the Selective Service must do so to be eligible for federal funds.

The Selective Service reported that you have not registered with them. If you are female or were born before 1960, registration is not required. Otherwise if you are not yet registered, are male and are 18 through 25 years of age, we cannot award you financial aid until we have proof that you are exempt or have confirmation that you are registered with Selective Service.

Please complete the information below by indicating your correct registration status.

_____ I certify that I am registered with Selective Service.

My Selective Service Number is: _____

I certify that I am not required to be registered with Selective Service because:

_____ I am female.

_____ I am in the armed services on active duty. (This does not apply to members of the Reserve and National Guard who are not on active duty.)

_____ I have not reached my 18th birthday.

_____ I was born before 1960.

_____ I am a citizen of the Republic of the Palau, the Republic of the Marshal Islands or the Federated States of Microesia.*

_____ I am a non-citizen who first entered the U.S. after I turned 26.

_____ I am a non-citizen who entered the U.S. as a lawful non-immigrant on a valid visa and remained in the U.S. on the terms of that visa until after I turned 26.

_____ I have not registered with the Selective Service for a reason not listed above. (Please explain on the back of this form)

* A citizen or national of the Republic of the Marshal Islands or the Federated States of Micronesia who lives in the U.S. for more than one year for any reason, except as a student or employee of the government of his homeland, must register.

Student Signature: _____ Date: _____

2023-2024 Statement of Support

STUDENT'S NAME: _____ CLASS: _____
NOVASIS/BANNER ID # : _____ DATE: _____

This form is being sent to you because it does not appear from the information you have submitted that you/your spouse had sufficient funds to pay for expenses for the calendar year of 2020 (January 1, 2022 - December 31, 2022).

When completing the information below, please make sure that you:

1. Enter amounts from January 1, 2022 through December 31, 2022, which is the 2022 CALENDAR year and NOT the academic year.
2. Column I must list all expenses incurred by you/your spouse regardless of how they were paid and regardless if enrolled or not enrolled in school.
3. Column II must list how the expenses in Column I were paid.
4. All fields must contain an amount. If the answer is zero, please enter "0".

EXPENSES IN 2020

	<u>2021-2022</u>	<u>2022-2023</u>
	<u>Academic</u>	<u>Academic</u>
January 1, 2022 - December 31, 2022	<u>Year</u>	<u>Year</u>
	<u>Spring 2022</u>	<u>Summer 2022</u>
		<u>Fall 2022</u>

* Tuition and Fees:	\$	\$	\$
---------------------	----	----	----

Books & Supplies:	\$	\$	\$
------------------------------	----	----	----

Room & Board: \$ \$ \$

rent/dorm/mortgage/utility/food etc.
If "0" please explain on this line:

Miscellaneous Expenses:

Car payments, gas, car ins.,	\$	\$	\$
medical expenses & insurance,			
clothing, travel, etc.			

COLUMN II
MONIES USED TO PAY EXPENSES IN 2022

January 1, 2022 through December 31, 2022

Wages earned in 2022 **\$**

* **Financial Aid you/your spouse received in 2020 (include student loans, grants & scholarships)** \$

Bills paid by parents/others in 2022:
(include expenses paid on your behalf,
Parent PLUS Loans & tuition payment
plans): \$

**Cash received from parents/others
in 2022** \$ _____

Other sources to pay 2022 expenses:

_____	\$ _____
_____	\$ _____

TOTAL EXPENSES FOR 2022	\$
--------------------------------	-----------

TOTAL MONIES RECEIVED IN 2022 \$

* Returning students: financial aid, tuition and fee charges may be retrieved from your Novasis account.

If your expenses (Column I) exceeds your income (Column II), please explain how they were met below:

I certify that all of the information submitted and related to my application for aid is accurate and complete. I agree to provide documentation, if necessary to verify this information. If any information changes, I agree to notify the Office of Financial Aid immediately.

Student's Signature _____

Date _____

Spouse's Signature

Date _____

VILLANOVA UNIVERSITY SCHOOL OF LAW
Office of Financial Aid
2024-25 Statement of Support

STUDENT'S NAME: _____ CLASS: _____
NOVASIS/BANNER ID #: _____ DATE: _____

This form is being sent to you because it does not appear from the information you have submitted that you/your spouse had sufficient funds to pay for expenses for the calendar year of 2023 (January 1, 2023- December 31, 2023).

When completing the information below, please make sure that you:

1. Enter amounts from January 1, 2023 through December 31, 2023, which is the 2023 CALENDAR year and NOT the academic year.
2. Column I must list all expenses incurred by you/your spouse regardless of how they were paid and regardless if enrolled or not enrolled in school.
3. Column II must list how the expenses in Column I were paid.
4. All fields must contain an amount. If the answer is zero, please enter "0".

<u>COLUMN I</u> EXPENSES IN 2023	<u>COLUMN II</u> MONIES USED TO PAY EXPENSES IN 2023
January 1, 2023 - December 31, 2023 <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="text-align: center;"><u>2022-2023</u> <u>Academic</u> <u>Year</u> Spring 2023 Summer 2023</div><div style="text-align: center;"><u>2023-2024</u> <u>Academic</u> <u>Year</u> Fall 2023</div></div> <div style="margin-top: 20px;">* Tuition and Fees: \$ _____ \$ _____ \$ _____</div> <div style="margin-top: 10px;">Books & Supplies: \$ _____ \$ _____ \$ _____</div> <div style="margin-top: 10px;">Room & Board: rent/dorm/mortgage/utility/food etc. <i>If "0" please explain on this line:</i> _____</div> <div style="margin-top: 10px;">Miscellaneous Expenses: Car payments, gas, car ins., medical expenses & insurance, clothing, travel, etc. \$ _____ \$ _____ \$ _____</div> <div style="margin-top: 20px;">TOTAL EXPENSES FOR 2023 \$ _____</div>	<div style="margin-top: 20px;">Wages earned in 2023 \$ _____</div> <div style="margin-top: 10px;">* Financial Aid you/your spouse received in 2023 (include student loans, grants & scholarships) \$ _____</div> <div style="margin-top: 10px;">Bills paid by parents/others in 2023: (include expenses paid on your behalf, Parent PLUS Loans & tuition payment plans): \$ _____</div> <div style="margin-top: 10px;">Cash received from parents/others in 2023 \$ _____</div> <div style="margin-top: 10px;">Other sources to pay 2023 expenses: _____ _____ \$ _____ _____ \$ _____</div> <div style="margin-top: 20px;">TOTAL MONIES RECEIVED IN 2023 \$ _____</div>

* Returning students: financial aid, tuition and fee charges may be retrieved from your Novasis account.

If your expenses (Column I) exceeds your income (Column II), please explain how they were met below:

I certify that all of the information submitted and related to my application for aid is accurate and complete. I agree to provide documentation, if necessary to verify this information. If any information changes, I agree to notify the Office of Financial Aid immediately.

_____ Student's Signature	_____ Date
_____ Spouse's Signature	_____ Date

VILLANOVA UNIVERSITY SCHOOL OF LAW
Office of Financial Aid

Please remember to **SIGN** and return this form to the Villanova Law School Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

FEDERAL DIRECT STAFFORD LOAN CHANGE FORM

Note: Fees are deducted from each loan borrowed prior to disbursement. For the Stafford Loan the total amount of fees deducted is 1.069%. (Please refer to the Loan Description section on our website for more details regarding fees.) Therefore, the amount you receive (net amount) will be less than the amount you request (gross amount). When completing this form please indicate the gross amount you wish to change.

To increase this loan:

GROSS AMOUNT
(prior to fees being deducted)

_____ I wish to **increase** my loan as follows:

Total amount previously requested

\$ _____

Additional amount requested

+\$ _____

Total amount requested for academic year _____

= \$ _____

To decrease this loan:

_____ I wish to **decrease** my loan as follows:

Total amount previously requested

\$ _____

Amount to be cancelled/returned

- \$ _____

Total amount requested for year _____

= \$ _____

To cancel this loan:

_____ I no longer wish to borrow this loan for the _____ academic year (E.g. 2016-2017, 2017-2018, etc.). Please cancel this loan in its **entirety**.

PRINT NAME _____ ID # _____

SIGNATURE _____ DATE _____

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
Office of Financial Aid

Please remember to SIGN and return this form to the Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

FEDERAL DIRECT GRADUATE PLUS LOAN CHANGE FORM

This form is to be used to decrease or cancel your original Graduate PLUS Loan amount that you have already requested. If you have remaining eligibility and you wish to apply for additional Graduate PLUS loan funds, you must apply directly at www.studentloans.gov.

Note: Fees are deducted from each loan borrowed prior to disbursement. Therefore, the amount you receive (net amount) will be less than the amount you request (gross amount). When completing this form please indicate the gross amount you wish to change. For the current Graduate PLUS Loan Origination Fees, students can find information on the [Federal Student Aid Website](#).

TO DECREASE THIS LOAN:

GROSS AMOUNT
(prior to fees being deducted)

_____ I wish to **decrease** my loan as follows:

Total amount previously requested

\$ _____

Amount to be cancelled/returned

- \$ _____

Total amount requested for the _____ Academic Year

= \$ _____

TO CANCEL THIS LOAN:

_____ I no longer wish to borrow this loan for the _____ Academic year. Please cancel this loan in its entirety.

PRINT NAME _____ ID # _____

SIGNATURE _____ DATE _____

**VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW
STUDY ABROAD BUDGET**

Beginning Date of Period of Enrollment (Beginning Date of Classes): _____

Ending Date of Period of Enrollment (Last Day of Exams): _____

Number of Credits: _____

Tuition and Fees: \$ _____

Books: \$ _____

Living Expenses: \$ _____

Air Fare
(Point of departure Philadelphia/NY) \$ _____

Other Allowable Costs: \$ _____

TOTAL BUDGET: \$ _____

COMPLETED BY: _____ Date: _____

PRINT NAME: _____

TITLE: _____

**VILLANOVA UNIVERSITY SCHOOL OF LAW
VISITING STUDENT INFORMATION FORM**

Please remember to SIGN and return this form to the Villanova Law School Office of Financial Aid.

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

Name: _____ Banner ID#: _____

HOST SCHOOL INFORMATION:

Host School Name: _____

Visiting Terms: Summer _____ Fall _____ Spring _____

Contact person at host school who will be responsible for completing the Consortium Agreement:

Name: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

Student acknowledges that all student loan funds will be disbursed first to Villanova Law School and that Villanova Law School will forward the refund check directly to the host school. The host school will refund any funds over and above the cost of their tuition and fees directly to the student on behalf of Villanova Law School to be used for living expenses.

Student also acknowledges that he/she understands that extra processing time may be required to process study abroad funds and will be prepared to cover any advance costs and expenses in the event loan funds are delayed.

Student Signature: _____ Date: _____



VILLANOVA UNIVERSITY

CHARLES WIDGER SCHOOL OF LAW

Private/Alternative Loan Certification Request Form

Please note this form must be completed using the information provided in the drop-down menus where applicable.

First Name: _____ Last Name: _____ Student ID Number: _____

Program of Study: _____ Academic Year: _____

Living Arrangement: _____

Lender: _____ Certification Amount Requested: \$ _____

Disbursement Summer \$ _____ Fall \$ _____ Spring \$ _____

Please research the rules and regulations regarding enrollment status and academic progress for the alternative lender you are utilizing.

By completing and submitting this form, I hereby certify that I am aware of my right to apply for and utilize loans provided through the Federal Direct Lending Program. I am choosing to utilize the Private/Alternative Loan listed, and am aware of the Federal Direct Lending Program Interest Rates, Fee's and Repayment Plans.

I am also confirming I have researched and understand to the best of my ability; the interest rates and repayment options of my Private Alternative Lender in addition to any fee's associated with the loan I am selecting.

I understand that with a Private/Alternative lending option, there is currently a 10 day buyer right to cancel policy, which delays the disbursement of funds. As the student, I understand that if my Private/Alternative Loan does not post to my student account by the first day of class, I am responsible for any and all late fees assessed to my account by the Villanova University Bursar's Office.

Student Signature: _____ **Date:** _____

**VILLANOVA LAW SCHOOL
OFFICE OF FINANCIAL AID
2022-23**

REQUEST TO HAVE BAR EXAM FEES ADDED TO COST OF ATTENDANCE

I hereby request that my loan eligibility be increased to cover the costs I have incurred or will incur in applying for ***one state bar exam***. Note: The deadline for submitting this form is **Monday, May 1, 2023**. Applications cannot be accepted after that date.

Student Name:_____ ID #:_____ Exp. Graduation Date:_____

Amount of one State Bar Exam Fee:_____ Date Fee Due or Paid:_____

I will be taking the Bar Exam in the following state: _____

Signature_____ Date_____

Please note: If you wish to borrow additional Federal Direct Graduate PLUS loans to cover this expense, you must apply at www.studentloans.gov.

Villanova University Charles Widger School of Law

Work-Study Process Checklist

The checklist below is designed to outline the process involved in applying for Federal Work Study funds. In the text below, the bolded words are links to pages needed to complete this process. Please note that the completion of these steps does not guarantee work-study eligibility. In addition, completion of these steps is crucial to ensure prompt payment.

File your FAFSA **Summer Students**

Must complete before April 25th, 2025.

In order to be eligible to receive Federal Work Study funding, you must have a valid FAFSA on file which can be completed at studentaid.gov. If a student participates during the Summer of 2025, a 2025-26 FAFSA is required.

Complete a Work-Study Employment Form **Summer Students**

Must complete before April 25th, 2025.

In addition to the FAFSA, each student is required to complete a Work-Study Employment Form (below) which requires important employer information used to create the Work-Study Contract (Please complete and submit electronically).

Villanova University Employment Application (Human Resources) **Summer Students**

Must complete before April 25th, 2025.

While each student will be working for an off-campus employer, Work-Study students are considered employee's of Villanova University. Because of this, each student must also complete an official University employment application: [Villanova University Off-Campus 2L Application](#) or [Villanova University Off-Campus 3L Application](#)

Employment Documents (Human Resources) **Summer Students**

Must complete before April 25th, 2025.

Students will need to complete a W-4, I-9 and additional documents with [Villanova University's Human Resources Department](#). Please visit the [U.S. Citizenship and Immigration Services](#) website to review the lists of acceptable documents to bring in order to complete Form I-9. ***Students may not begin their Work-Study Placement until they receive a confirmation E-mail from the Office of Human resources - this is Non-Negotiable.**

Work Study Contract & Job Description Form

***Must be completed before the placement begins and time-sheets are submitted**

A contract outlining the terms and conditions of your Work-Study employment will be e-mailed to the individual designated on the Work-Study Application. The contract requires the employer to sign the contract and return it. The contract is not complete until the Arthur J. Kania Dean of Villanova University Charles Widger School of Law has signed the contract and the contract has been returned to your Off-Campus Employer. In addition, a Job Description Form is also required which outlines the activities each student will participate in during their Work-Study employment.

Work Study Award Offer

***Must be completed before the placement begins and time-sheets are submitted**

If a student qualifies for Work Study Funds and has received confirmation from the Office of Human Resources that they may begin work; the student will receive a Work-Study Award Offer by E-mail which they are required to sign and return to the Office of Financial Aid prior to starting their placement. ***The Award Offer must be returned to submit timesheets.**

Payroll

If residing off campus, during the academic year, student checks will be sent to the Falvey Hall mailroom located in the basement of the Falvey Library. During the summer months the checks will be mailed to campus and distributed from the payroll office.

If you have any questions, please reach out to the Payroll department at payroll@villanova.edu. All employees are strongly encouraged to enroll in Direct Deposit to receive payments in the quickest possible manner. Please see the [Payroll Direct Deposit step-by-step instructions](#).

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW

WORK-STUDY EMPLOYMENT FORM

Fax: 610-519-6597 OR Scan and Email: finaid@law.villanova.edu OR Mail: 299 N. Spring Mill Road, Villanova, PA 19085

PLEASE DO NOT PRINT THIS FORM. PLEASE COMPLETE AND SUBMIT ELECTRONICALLY.

In order to qualify for federal work-study, you must meet the following requirements:

1. Work-study is federal, need-based aid. In order to be considered for work-study a student must apply for federal aid by filing the FAFSA. A further review of your financial aid application may be required and additional documentation may be requested. Awards cannot be guaranteed until this process is complete and a students' eligibility has been determined.
2. Work-Study funds are limited and awarded to eligible students on a first-come first-served basis until all funds are expended. Applications for summer work-study must be submitted by the end of April, fall work-study by the end of September and spring work-study applications must be submitted by the end of January.
3. You have to have been offered an eligible work-study position at a federal, state or local public agency or private non-profit organization where the work performed is in the public interest.
4. You must be considered to be making academic progress by Charles Widger School of Law's standards.
5. You must be a fully matriculated student, currently enrolled student, or intending to return to study at the law school. If you decide to transfer or withdraw, your work-study eligibility will immediately be terminated.

I _____ understand I am ineligible for Work-Study funds if I:

Please type name here.

_____ Will be simultaneously receiving education credits through an externship for this position .
Initial here

_____ Will receive a Public Interest Fellowship (PIFP) for this same time period.
Initial here

_____ Will be paid by my employer for this position.
Initial here

If you meet the above requirements, then please complete the information below and return this form to the Office of Financial Aid.

I certify that I have been offered a position with an eligible employer; that all of the information submitted and related to my application is accurate and complete and I meet the requirements as listed above. If any information changes, I agree to notify the Office of Financial Aid immediately.

Student Signature: _____ Date: _____

WORK-STUDY EMPLOYMENT PROGRAM INFORMATION

*Initialing below confirms that you as the student have read, understand, and adhere to the stipulations to participate in the Federal Work-Study Program.

Federal Work-Study provides part-time jobs for undergraduate and graduate students' with financial need. The program encourages community service work, and work related to the student's course of study.

Students' who receive a Dean's Merit Award may participate in the Federal Work-Study Program if their Dean's Merit Award and the Student Aid Index (SAI) do not exceed the Cost of Attendance.

To participate in the Federal Work-Study Program, each student must complete the Work-Study Process Checklist & Application and complete a Villanova University Employment Application.

The Free Application for Federal Student Aid (FAFSA) is required to participate in the Federal Work-Study Program. The FAFSA provides the Student Aid Index (SAI) to calculate Work-Study eligibility.

Many students' do not exceed their eligibility. However, if a student is close, a student may receive up to their Cost of Attendance eligibility to participate in the Federal Work-Study Program.

AWARD OFFER STRUCTURE PER SEMESTER

Because students' do not attend class in the Summer, funds are borrowed from a student's Fall/Spring loan eligibility.

WITHOUT WORK-STUDY	SUMMER	FALL	SPRING	WITH WORK-STUDY	SUMMER	FALL	SPRING
UNSUBSIDIZED LOAN		\$10,250	\$10,250	UNSUBSIDIZED LOAN		\$10,250	\$10,250
GRADUATE PLUS LOAN		\$32,871	\$32,871	GRADUATE PLUS LOAN		\$30,871	\$30,871
FEDERAL WORK-STUDY				FEDERAL WORK-STUDY	\$4,000		

*\$86,242 is based on a 2025-26 1L Budget

*\$86,242 is based on a 2025-26 1L Budget

The University Pay Scale for the Law Work-Study Program is \$15 per hour for 2L Students, and \$18 per hour for 3L Students.

Students will need to complete a W-4, I-9 and additional documents with Villanova University's Human Resource Department and must be officially hired by the University before they can begin work.

Once students have completed the necessary requirements with human resources, the student will receive an E-mail communication confirming they may begin work with their work study placement.

Once a student has begun working at their placement, each student must submit an employer signed timesheet for the Financial Aid Office to record and submit to payroll for payment.

If residing off campus, student checks will be sent to the Falvey Hall mailroom located in the basement of the Falvey Library. During the summer distributed from the payroll office.

VILLANOVA UNIVERSITY CHARLES WIDGER SCHOOL OF LAW

WORK-STUDY EMPLOYMENT FORM

PLEASE DO NOT PRINT THIS FORM. PLEASE COMPLETE AND SUBMIT ELECTRONICALLY.

STUDENT INFORMATION

Name: _____

Banner ID# _____

Are you a Pennsylvania Resident?

_____ YES

_____ NO

Employment Semester (Check One):

_____ Summer 20_____

_____ Fall 20_____

_____ Spring 20_____

(Please only choose one. Submit separate applications for each semester of interest)

Expected Start Date: _____

Employment End Date: _____

Employment Organization Type (Check One):

_____ Federal

_____ State

_____ Community Service

Expected Total Hours To Be Worked Per Week: _____

Job Description/Duties:

EMPLOYER INFORMATION

Name of Organization: _____

Name of Supervisor: _____ Title: _____

Street Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

(Please list the email of whom we should send the work-study contract to be completed)

VILLANOVA UNIVERSITY SCHOOL OF LAW
OFF-CAMPUS FEDERAL WORK-STUDY PROGRAM

JOB DESCRIPTION FORM

STUDENT'S NAME: _____

DATES OF EMPLOYMENT: _____

.....

EMPLOYER'S NAME & ADDRESS:

TELEPHONE: _____ FAX: _____

POSITION: _____

PURPOSE OF JOB: _____

DUTIES AND RESPONSIBILITIES: _____

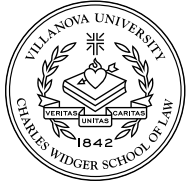
JOB QUALIFICATIONS: _____

I certify that the above-named work-study position meets the terms of the work-study contract submitted with this form.

Supervisor's Printed Name: _____

Supervisor's Signature: _____

Date: _____



VILLANOVA UNIVERSITY

CHARLES WIDGER SCHOOL OF LAW

OFF CAMPUS WORK-STUDY TIME SHEET

Student Name: _____ Student Number: _____

Organization Name: _____

Immediate Supervisor: _____ Immediate Supervisor Phone: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Please mark all hours in whole or half hour increments

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time in: _____	Time in: _____	Time in: _____	Time in: _____	Time in: _____
Time out: _____	Time out: _____	Time out: _____	Time out: _____	Time out: _____
Daily total: _____	Daily total: _____	Daily total: _____	Daily total: _____	Daily total: _____
Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>
Total Hours: _____	Total Hours: _____	Total Hours: _____	Total Hours: _____	Total Hours: _____
Please note: lunches are marked in half hour (.50), or whole hour increments (1.0).				Weekly Total: _____

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
Time in: _____	Time in: _____	Time in: _____	Time in: _____	Time in: _____
Time out: _____	Time out: _____	Time out: _____	Time out: _____	Time out: _____
Daily total: _____	Daily total: _____	Daily total: _____	Daily total: _____	Daily total: _____
Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>	Lunch <input type="text"/>
Total Hours: _____	Total Hours: _____	Total Hours: _____	Total Hours: _____	Total Hours: _____
Weekly Total: _____				

By completing this Work-Study time sheet, I hereby certify I have worked each day during the hours recorded above. In addition, by signing as the Supervisor, I am confirming the hours listed above are accurate. If the Supervisor has any additional comments, please list them in the space provided below.

Time Sheet Total: _____

Student Signature _____

Date _____

Supervisor Signature _____

Date _____

Military Time Conversion Chart

MILITARY TIME	CIVILIAN TIME	MILITARY TIME	CIVILIAN TIME
0100	1:00 AM	1300	1:00 PM
0200	2:00 AM	1400	2:00 PM
0300	3:00 AM	1500	3:00 PM
0400	4:00 AM	1600	4:00 PM
0500	5:00 AM	1700	5:00 PM
0600	6:00 AM	1800	6:00 PM
0700	7:00 AM	1900	7:00 PM
0800	8:00 AM	2000	8:00 PM
0900	9:00 AM	2100	9:00 PM
1000	10:00 AM	2200	10:00 PM
1100	11:00 AM	2300	11:00 PM
1200	12:00 AM	2400	12:00 PM

Work-Study Usage Estimator

Hourly Wage WorkStudy Award _____ Please select the correct hourly wage: 1L = \$11 per hour 2L = \$12 per hour 3L = \$13 per hour _____	May 12th - 16th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	May 19th - 23rd Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	May 26th - May 30th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____
June 2nd - 6th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	June 9th - 13th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	June 16th - 20th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	June 23rd - June 27th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____
June 30th - July 4th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	July 7th - 11th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	July 14th - 18th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	July 21st - 25th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____
July 28th - August 1st Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	August 4th - 8th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	August 11th - 15th Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____	August 18th - 22nd Hours Worked: _____ Wages Earned: _____ Funds Utilized: _____



Villanova University

Charles Widger School of Law

299 North Spring Mill Road • Villanova, PA 19085 • Phone: 610-519-7015

2024-25 Independent Student Verification Form (V4) (V5) Non-Need Based AID

NAME: _____ STUDENT ID: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA.

To verify that you provided correct information the VLS Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the VLS Financial Aid Office. If you have questions about verification, contact the financial aid office as soon as possible so that your financial aid will not be delayed.

To complete this process, you must provide to the University your unexpired, signed, valid government issued ID (such as a Driver's License, Military ID, U.S. Passport, Etc.) and this Identity/Statement of Educational Purpose Verification Worksheet.

Complete all pages of this verification form. Please note documents required for verification should be submitted to the Financial Aid Office as soon as possible, but no later than three weeks prior to the end of the term.

OPTION 1: VERIFICATION STATEMENT - IN PERSON OPTION

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your unexpired, signed, valid government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator.

Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.**

The Office of Financial Aid cannot accept documents that have been e-mailed, mailed or faxed. Option 1 must be completed in person with a representative from the Office of Financial Aid.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending

_____ for 2024-2025.

(Name of Postsecondary Educational Institution)

Student's Signature and Date

Financial Aid Administrator Signature and Date

NOTICE: Reporting false information violates federal policy in which legal action may be taken.

OPTION 2: VERIFICATION STATEMENT - UNABLE TO MEET IN PERSON

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

If you, the student, are unable to appear in person at Villanova University Charles Widger School of Law Office of Financial Aid, to verify your identity; then you must provide to the University a copy of your unexpired, signed, valid government issued ID (such as driver's license, military ID, passport, etc.), and a notarized copy of this Identity/Statement of Education Purpose Verification Worksheet. Please submit the original, notarized form and a clear photocopy of your government issued ID to:

Villanova University Charles Widger School of Law
Attn: Office of Financial Aid
299 North Spring Mill Road
Villanova, PA 19085

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending
_____ for 2024-2025.

(Name of Postsecondary Educational Institution)

NOTARY'S CERTIFICATE OF KNOWLEDGE

NOTARY: Complete this section only if the student cannot appear in person at the University to submit this worksheet. A copy of an unexpired, signed, valid government issued ID provided to the notary must also be provided to the University.

State of _____ City/County of _____ on _____
(State) (City/County) (Date)
before me _____ personally appeared, _____ and provided to me on
(Notary's Name) (Printed Name of Signer)
the basis of satisfactory evidence of identification, _____ to be the above named person who signed the foregoing document.
(Identification Provided)

WITNESS my hand and official seal _____
(Notary's Signature) (Date Commission Expires)



(Notary Stamp)

****Additional documentation can be requested once reviewed by your financial aid administrator due to conflicting information.**

Certification/Signature:

The student who completed the FAFSA must sign this form. If you purposely give false or misleading information on this worksheet, you may be fined sent to prison, or both. By signing this form, I/we certify that all the information reported to qualify for federal student aid is complete and correct.



(Notary Stamp)

Student's Signature

Date

Student ID Number

Spouse's Signature (Optional)

Date



NAME: _____ STUDENT ID: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

To verify that you provided correct information on the FAFSA Form, the VLS Financial Aid Office will compare your FAFSA with the information on this worksheet along with other documents submitted. If there are differences between the two, your FAFSA information will need to be corrected.

You must complete and sign this worksheet, attach any required documents, and submit the form and documents to the VLS Financial Aid Office. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

Complete all pages of this verification form. Please note documents required for verification should be submitted to the Financial Aid Office as soon as possible, but no later than three weeks prior to the end of the term.

List the people in your household, include:

- Yourself.
- Your spouse if you will provide more than half of their support from July 1st, 2024, through June 30th, 2025, or if the other children would be required to provide your information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their financial support and will continue to provide more than half of their support from July 1, 2024 through June 30, 2025.
- Do not include foster children.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2024, and June 30, 2025. If more space is needed, attach a separate page with the student's name and VLS ID number at the top.

[illegible]

STUDENT FINANCIAL INFORMATION

Please complete either section 1 or section 2 of this document (not both).

Section 1: TAX RETURN FILERS –Important Note: If the student filed, or will file, an amended 2022 IRS tax return, the student must contact the VLS Financial Aid office before completing this section. Instructions: Complete this section if the student, filed or will file a 2022 income tax return(s). The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at FAFSA.gov. In most cases, no further documentation is needed to verify the 2022 income information that was transferred into the student's FAFSA using the IRS DRT if that information was not changed by the FAFSA filer.

Check the box that applies:

☐ The student has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2022 IRS income return information into the student's FAFSA. Either on the initial FAFSA or when making a correction to the FAFSA. The student's school will use the IRS information that was transferred in the verification process.

☐ The student has not yet used the IRS DRT in FAFSA on the Web, but will use the tool to retrieve and transfer 2022 IRS income tax return information into the student's FAFSA once the student has filed a 2022 IRS tax return. See instructions above for information on how to use the IRS Data Retrieval Tool. The Financial Aid Office cannot complete the verification process until the IRS information has been transferred into the FAFSA.

☐ The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and the student will submit to the Financial Aid Office, a copy of the 2022 IRS tax return transcript(s). To obtain an IRS tax return transcript, go to www.irs.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when the 2022 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return files, and up to eight weeks for paper IRS tax return filers.

☐ Check here if the student's IRS tax return transcript is attached to this worksheet.

☐ Check here if the student's IRS tax return transcript will be submitted to the Financial Aid Office later. Verification cannot be completed until the IRS Tax Return Transcript has been submitted to the VLS Financial Aid Office.

If the student and spouse filed separate 2022 IRS income tax returns, the IRS DRT cannot be used and the 2022 IRS Tax Return Transcript(s) must be provided for each.

☐ Check here if a **2022 IRS Tax Return Transcript(s)** is provided.

☐ Check here if a **2022 IRS Tax Return Transcript(s)** will be provided later.

OR Section 2: TAX RETURN NONFILERS – Complete this section if the student, will not file and is not required to file a 2022 income tax return with the IRS.

☐ The student was not employed and had no income earned from work in 2022.

☐ The student was employed in 2022 and has listed below the names of all the student's employers, the amount earned from each employer in 2022, and an IRS W-2 form is attached, and I certify that I did not file a 2022 tax return. Attach copies of all 2022 IRS W-2 forms issued to the student by employers. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Student ID number at the top.

Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2022
Total Amount of Income Earned From Work		

OPTION 1: VERIFICATION STATEMENT - IN PERSON OPTION

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.**

Statement of Educational Purpose

I certify that _____ I am the individual signing this Statement of Educational Purpose
(Print Student's Name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending
_____ for 2024-2025.
(Name of Postsecondary Educational Institution)

Student’s Signature and Date

Financial Aid Administrator Signature and Date

OPTION 2: VERIFICATION STATEMENT - UNABLE TO MEET IN PERSON

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

If you, the student, are unable to appear in person at Villanova University Charles Widger School of Law Office of Financial Aid, to verify your identity; then you must provide to the University a copy of your unexpired, signed, valid government issued ID (such as driver's license, military ID, passport, etc.), and a notarized copy of this Identity/Statement of Education Purpose Verification Worksheet. Please submit the original, notarized form and a clear photocopy of your government issued ID to:

Villanova University Charles Widger School of Law
Attn: Office of Financial Aid
299 North Spring Mill Road
Villanova, PA 19085

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending
_____ for 2024-2025.

(Name of Postsecondary Educational Institution)

NOTARY'S CERTIFICATE OF KNOWLEDGE

NOTARY: Complete this section only if the student cannot appear in person at the University to submit this worksheet. A copy of an unexpired, signed, valid government issued ID provided to the notary must also be provided to the University.

State of _____ City/County of _____ on _____
(State) (City/County) (Date)
before me _____ personally appeared, _____ and provided to me on
(Notary's Name) (Printed Name of Signer)
the basis of satisfactory evidence of identification, _____ to be the above named person who signed the foregoing document.
(Identification Provided)

WITNESS my hand and official seal _____
(Notary's Signature) (Date Commission Expires)

(Notary Stamp)

****Additional documentation can be requested once reviewed by your financial aid administrator due to conflicting information.**

Certification/Signature:

The student who completed the FAFSA must sign this form. If you purposely give false or misleading information on this worksheet, you may be fined sent to prison, or both. By signing this form, I/we certify that all the information reported to qualify for federal student aid is complete and correct.

(Notary Stamp)

Student's Signature

Date

Student ID Number

Spouse's Signature (Optional)

Date

2024-25 ADDITIONAL VERIFICATION DOCUMENTATION

2023-2024 Additional Verification Documentation (Please maintain a copy of pages 5-6 for your records) Verification of 2022 Income Information for Individuals with Unusual Circumstances Individuals Granted a Filing Extension by the IRS

An individual who is required to file a 2022 IRS income tax return and has been granted a filing extension by the IRS, must provide:

- A copy of IRS Form 4868, “Application for Automatic Extension of Time to File U.S. Individual Income Tax Return,” that was filed with the IRS for tax year 2022;
- A copy of the IRS’s approval of an extension beyond the automatic six-month extension if the individual requested an additional extension of the filing time for tax year 2022;
- Verification of Non-filing Letter (confirmation that the tax return has not yet been filed) from the IRS or other relevant tax authority dated on or after October 1, 2023;
- A copy of IRS Form W-2 for each source of employment income received for tax year 2022 and,
- If self-employed, a signed statement certifying the amount of the individual’s Adjusted Gross Income (AGI) and the U.S. income tax paid for tax year 2022.

Individuals Who Filed an Amended IRS Income Tax Return

An individual who filed an amended IRS income tax return for tax year 2022 must provide:

- A 2022 IRS Tax Return Transcript (that will only include information from the original tax return and does not have to be signed), or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; and
- A signed copy of the 2022 IRS Form 1040X, “Amended U.S. Individual Income Tax Return,” that was filed with the IRS.

An individual who was the victim of IRS tax-related identity theft must provide:

An individual who was the victim of IRS tax-related identity theft must provide:

- A Tax Return Data Base View (TRDBV) transcript obtained from the IRS, or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; and
- A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.

Individuals Who Filed Non-IRS Income Tax Returns

- A tax filer who filed an income tax return with Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico and the U.S. Virgin Islands may provide a signed copy of his or her income tax return that was filed with the relevant tax authority. However, if we question the accuracy of the information on the signed copy of the income tax return, the tax filer must provide us with a copy of the tax account information issued by the relevant tax authority before verification can be completed.
- A tax filer who filed an income tax return with the tax authority for American Samoa must provide a copy of his or her tax account information.
- A tax filer who filed an income tax return with tax authorities not mentioned above, i.e. a foreign tax authority, and who indicates that he or she is unable to obtain the tax account information free of charge, must provide documentation that the tax authority charges a fee to obtain that information, along with a signed copy of his or her income tax return that was filed with the relevant tax authority.



Villanova University

Charles Widger School of Law

299 North Spring Mill Road • Villanova, PA 19085 • Phone: 610-519-7015

2025- 26 Independent Student Verification Form (V4) (V5) Non-Need Based AID

NAME: _____ STUDENT ID: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA.

To verify that you provided correct information the VLS Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected.

You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the VLS Financial Aid Office. If you have questions about verification, contact the financial aid office as soon as possible so that your financial aid will not be delayed.

To complete this process, you must provide to the University your unexpired, signed, valid government issued ID (such as a Driver's License, Military ID, U.S. Passport, Etc.) and this Identity/Statement of Education Purpose Verification Worksheet.

Complete all pages of this verification form. Please note documents required for verification should be submitted to the Financial Aid Office as soon as possible, but no later than three weeks prior to the end of the term.

OPTION 1: VERIFICATION STATEMENT - IN PERSON OPTION

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your unexpired, signed, valid government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator.

Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.**

The Office of Financial Aid cannot accept documents that have been e-mailed, mailed or faxed. Option 1 must be completed in person with a representative from the Office of Financial Aid.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending

_____ for 2025-2026.

(Name of Postsecondary Educational Institution)

Student's Signature and Date

Financial Aid Administrator Signature and Date

NOTICE: Reporting false information violates federal policy in which legal action may be taken.

OPTION 2: VERIFICATION STATEMENT - UNABLE TO MEET IN PERSON

DOCUMENTATION OF IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE

If you, the student, are unable to appear in person at Villanova University Charles Widger School of Law Office of Financial Aid, to verify your identity; then you must provide to the University a copy of your unexpired, signed, valid government issued ID (such as driver's license, military ID, passport, etc.), and a notarized copy of this Identity/Statement of Education Purpose Verification Worksheet. Please submit the original, notarized form and a clear photocopy of your government issued ID to:

Villanova University Charles Widger School of Law
Attn: Office of Financial Aid
299 North Spring Mill Road
Villanova, PA 19085

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending
_____ for 2025-2026.

(Name of Postsecondary Educational Institution)

NOTARY'S CERTIFICATE OF KNOWLEDGE

NOTARY: Complete this section only if the student cannot appear in person at the University to submit this worksheet. A copy of an unexpired, signed, valid government issued ID provided to the notary must also be provided to the University.

State of _____ City/County of _____ on _____
(State) (City/County) (Date)
before me _____ personally appeared, _____ and provided to me on
(Notary's Name) (Printed Name of Signer)
the basis of satisfactory evidence of identification, _____ to be the above named person who signed the foregoing document.
(Identification Provided)

WITNESS my hand and official seal _____
(Notary's Signature) (Date Commission Expires)

(Notary Stamp)

****Additional documentation can be requested once reviewed by your financial aid administrator due to conflicting information.**

Certification/Signature:

The student who completed the FAFSA must sign this form. If you purposely give false or misleading information on this worksheet, you may be fined sent to prison, or both. By signing this form, I/we certify that all the information reported to qualify for federal student aid is complete and correct.

(Notary Stamp)

Student's Signature

Date

Student ID Number

Spouse's Signature (Optional)

Date



2025-26 Independent Student Verification Form (V5) Need-Based Aid

NAME: _____ STUDENT ID: _____

DATE OF BIRTH: _____ PHONE NUMBER: _____

Complete all pages of this verification form. Please note documents required for verification should be submitted to the Financial Aid Office as soon as possible, but no later than three weeks prior to the end of the term.

HOUSEHOLD SIZE INFORMATION

- Yourself.
- Your spouse if you will provide more than half of their support from July 1st, 2025, through June 30th, 2026, or if the other children would be required to provide your information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their financial support and will continue to provide more than half of their support from July 1, 2025 through June 30, 2026.
- Do not include foster children.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2025, and June 30, 2026. If more space is needed, attach a separate page with the student's name and VLS ID number at the top.

[illegible]

STUDENT FINANCIAL INFORMATION

Please complete either section 1 or section 2 of this document (not both).

Section 1: TAX RETURN FILERS –Important Note: If the student filed, or will file, an amended 2023 IRS tax return, the student must contact the VLS Financial Aid office before completing this section. Instructions: Complete this section if the student, filed or will file a 2023 income tax return(s). The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at FAFSA.gov. In most cases, no further documentation is needed to verify the 2023 income information that was transferred into the student's FAFSA using the IRS DRT if that information was not changed by the FAFSA filer.

Check the box that applies:

☐ The student has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2023 IRS income return information into the student's FAFSA. Either on the initial FAFSA or when making a correction to the FAFSA. The student's school will use the IRS information that was transferred in the verification process.

☐ The student has not yet used the IRS DRT in FAFSA on the Web, but will use the tool to retrieve and transfer 2023 IRS income tax return information into the student's FAFSA once the student has filed a 2023 IRS tax return. See instructions above for information on how to use the IRS Data Retrieval Tool. The Financial Aid Office cannot complete the verification process until the IRS information has been transferred into the FAFSA.

☐ The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and the student will submit to the Financial Aid Office, a copy of the 2023 IRS tax return transcript(s). To obtain an IRS tax return transcript, go to www.irs.gov and click on the "Order a Return or Account Transcript" link, or call 1-800-908-9946. Make sure to request the "IRS tax return transcript" and not the "IRS tax account transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when the 2023 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return files, and up to eight weeks for paper IRS tax return filers.

☐ Check here if the student's IRS tax return transcript is attached to this worksheet.

☐ Check here if the student's IRS tax return transcript will be submitted to the Financial Aid Office later. Verification cannot be completed until the IRS Tax Return Transcript has been submitted to the VLS Financial Aid Office.

If the student and spouse filed separate 2023 IRS income tax returns, the IRS DRT cannot be used and the 2023 IRS Tax Return Transcript(s) must be provided for each.

☐ Check here if a **2023 IRS Tax Return Transcript(s)** is provided.

☐ Check here if a **2023 IRS Tax Return Transcript(s)** will be provided

later.

OR Section 2: TAX RETURN NONFILERS – Complete this section if the student, will not file and is not required to file a 2022 income tax return with the IRS.

☐ The student was not employed and had no income earned from work in 2023.

☐ The student was employed in 2023 and has listed below the names of all the student's employers, the amount earned from each employer in 2023, and an IRS W-2 form is attached, and I certify that I did not file a 2023 tax return. Attach copies of all 2023 IRS W-2 forms issued to the student by employers. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Student ID number at the top.

Employer's Name	IRS W-2 or an Equivalent Document Provided?	Annual Amount Earned in 2023
Total Amount of Income Earned From Work		

OPTION 1: VERIFICATION STATEMENT - IN PERSON OPTION

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(Print Student's Name)
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the costs of attending
_____ for 2025-2026.
(Name of Postsecondary Educational Institution)

Student’s Signature and Date

Financial Aid Administrator Signature and Date

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State of _____ City/County of _____ on _____
(State) (City/County) (Date)
before me _____ personally appeared, _____ and provided to me on
(Notary's Name) (Printed Name of Signer)
the basis of satisfactory evidence of identification, _____ to be the above named person who signed the foregoing document.
(Identification Provided)

WITNESS my hand and official seal _____
(Notary's Signature) (Date Commission Expires)



(Notary Stamp)

****Additional documentation can be requested once reviewed by your financial aid administrator due to conflicting information.**

Certification/Signature:

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(Notary Stamp)

Student's Signature

Date

Student ID Number

Spouse's Signature (Optional)

Date

2025-26 ADDITIONAL VERIFICATION DOCUMENTATION

2024-2025 Additional Verification Documentation (Please maintain a copy of pages 5-6 for your records) Verification of 2023 Income Information for Individuals with Unusual Circumstances Individuals Granted a Filing Extension by the IRS

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- A copy of the IRS’s approval of an extension beyond the automatic six-month extension if the individual requested an additional extension of the filing time for tax year 2023;
- Verification of Non-filing Letter (confirmation that the tax return has not yet been filed) from the IRS or other relevant tax authority dated on or after October 1, 2024;
- A copy of IRS Form W-2 for each source of employment income received for tax year 2023 and,
- If self-employed, a signed statement certifying the amount of the individual’s Adjusted Gross Income (AGI) and the U.S. income tax paid for tax year 2023.

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An individual who was the victim of IRS tax-related identity theft must provide:

- A Tax Return Data Base View (TRDBV) transcript obtained from the IRS, or any other IRS tax transcript(s) that includes all of the income and tax information required to be verified; and
- A statement signed and dated by the tax filer indicating that he or she was a victim of IRS tax-related identity theft and that the IRS is aware of the tax-related identity theft.

Individuals Who Filed Non-IRS Income Tax Returns

- A tax filer who filed an income tax return with Guam, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico and the U.S. Virgin Islands may provide a signed copy of his or her income tax return that was filed with the relevant tax authority. However, if we question the accuracy of the information on the signed copy of the income tax return, the tax filer must provide us with a copy of the tax account information issued by the relevant tax authority before verification can be completed.
- A tax filer who filed an income tax return with the tax authority for American Samoa must provide a copy of his or her tax account information.
- A tax filer who filed an income tax return with tax authorities not mentioned above, i.e. a foreign tax authority, and who indicates that he or she is unable to obtain the tax account information free of charge, must provide documentation that the tax authority charges a fee to obtain that information, along with a signed copy of his or her income tax return that was filed with the relevant tax authority.