Pacific Lutheran University

2024-25 Verification Worksheet - Independent V5

Your FAFSA has been selected by the Federal Student Aid processor for a process called verification. Your aid offer is not final and need-based student aid cannot be disbursed until verification is completed.

| aid offer is no | t final and need-based student aid cannot be disbu | ursed until verification is completed. |
|------------------|--|--|
| Student's Nan | ne: | Student ID: |
| 1. Family Size | e | |
| Family Size - In | ncludes the following: | |
| • The | student. | |
| • The | student's spouse, if applicable. | |
| • The | student's dependent children if the following are | true: |
| | o They live with the student (or live apart because of They receive more than half of their support for they will continue to receive more than half the award year. | from the student, and |
| • Othe | er persons if the following are true: | |
| | o They live with the student, o They receive more than half of their support f o They will continue to receive more than half t award year. | |

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

If more space is needed, attach a separate page with the student's name and ID number at the top.

| Full Name | Age | Relationship |
|-----------|-----|--------------|
| | | Self |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| 2. Stu | dent Tax and Income In | formation | | | | |
|--------|---|---|---------------------------|--|--|--|
| | | My (and my spouse's, if applicable) 2022 federal tax information was directly transferred to PLU from the IRS via Direct Data Exchange. | | | | |
| | e's, if applicable) IRS Form 1040 for ny (and my spouse's, if applicable) ww.irs.gov/individuals/get- | | | | | |
| | transcript. I (and my spouse, if applicable) did not file and was not required to file a federal tax return for 2022. If you (and your spouse, if applicable) did not work, enter \$0 for amount earned and "none" for employer. If you (and your spouse, if applicable) worked in 2022, list your employer(s) and amount(s) earned below: | | | | | |
| | Employer | 2022 Amount Earned | W-2 Attached | | | |
| | | | ☐ Yes ☐ No, explain below | | | |
| | | | ☐ Yes ☐ No, explain below | | | |
| | | | ☐ Yes ☐ No, explain below | | | |
| | | | ☐ Yes ☐ No, explain below | | | |
| | | | ☐ Yes ☐ No, explain below | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | natures ning this worksheet, we ce | rtify that the information provided is | s complete and accurate. | | | |
| | nt Signature | | Date | | | |
| Spouse | e Signature | | Date | | | |

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| Student's Name: | | Student ID: | | | |
|---|---|--|---|--|--|
| Identity and Statement of Educational | Purpose (To Be Signed at | PLU) | | | |
| The student must appear in person at P presenting an unexpired valid governmed driver's license, other state-issued ID, of photo ID that is annotated by the institution of the official at the institution authorize student must sign, in the presence of the provided below. | ent-issued photo identificate r passport. The institution ution with the date it was ed to receive and review t | ation (ID), such a will maintain a c received and rev the student's ID. | is, but not limited to, a copy of the student's viewed, and the name In addition, the | | |
| Statement of Educational Purpose | | | | | |
| I certify that I | am : | the individual sig | ning this Statement of | | |
| Educational Purpose and that the Federal student financial assistance I may receive will only be used for | | | | | |
| educational purposes and to pay the co | st of attending Pacific Lutl | neran University | for 2024–2025. | | |
| Student Signature | PLU Employee Reviewing | g ID | Date | | |
| *If you cannot complete the above form and submit it by regular mail: | n at PLU, please complete | the reverse side | with a Notary Public | | |
| Pacific Lutheran University Hauge Administration Building | | | | | |
| Financial Services | | | | | |

12180 Park Avenue S Tacoma, WA 98447

Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Pacific Lutheran University to verify his or her identity, the student must provide to the institution:

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

| I certify that I | | am the i | ndividual signing this s | Statement of |
|-----------------------------------|--------------------|----------------------------|--------------------------|------------------|
| Educational Purpose and that tl | he Federal stu | dent financial assistance | I may receive will onl | y be used for |
| educational purposes and to pa | y the cost of a | attending Pacific Luthera | n University for 2024- | -2025. |
| | | | | |
| Student Signature | PLU | Employee Reviewing ID | Date | |
| Notary's Certificate of Acknow | ledgement | | | |
| State of | | | | _ |
| City/County of | | | | |
| On, b | efore me, | | | |
| (Date) | | (Notary's Name) | | |
| personally appeared,(Printed | l Name of Signe | r) | , and proved to m | e because of |
| satisfactory evidence of identifi | ication (Type o | of unexpired government-is | ssued photo ID provided | _ to be the) |
| above-named person who signe | ed the foregoi | ng instrument. | | |
| WITNESS my hand and official | seal | | | |
| Seal | | | | |
| | | (Notary signature) | | |
| | | | | |
| My commission expires on | | | | |

(Date)