2024-2025 VERIFICATION WORKSHEET –Independent V4

Your FAFSA application was selected for review in a process called verification. We are required by law to compare the information on your 2024-2025 FAFSA with the information provided on this form and your and your spouse's (if married). **Financial aid will not be credited to your account until this process is complete.**

A. Student Information

Last Name	First Name	M. I.	Student ID
Permanent Home Addre	ss (Include Apt. number)		Date of Birth
City	State	Zip Code	Phone Number (include area code)
The sThe s	RMATION your household including: tudent tudent's spouse, if applicable		

- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment)
 - They receive more than half of their support from the student and
 - They will continue to receive more than half of their support from the student from July 1, 2024, and June 30, 2025
- Other persons if the following are true:
 - They live with the student
 - They receive more than half of their support from the student and
 - They will continue to receive more than half of their support from the student from July 1, 2024, and June 30, 2025

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.

FULL NAME	AGE	RELATIONSHIP
		SELF

C. In addition to completing the information requested on this verification worksheet, you are also required to submit the following:

1. Completed Identity and Statement of Educational Purpose form (Enclosed)

a. You must appear in person at the Luzerne County Community College Financial Aid Office located at 521 Trailblazer Dr. Nanticoke, PA 18634, to verify your identity and sign the enclosed Statement of Educational Purpose (Signed at Institution). You must bring an unexpired, valid government-issued photo identification (ID), such as a driver's license, other state-issued ID, or passport. Office hours are Monday through Friday 8:00am to 5:00pm. Our phone number is (800) 377-5222 ext. 7389.

OR

b. If you are unable to appear in person at the Financial Aid Office, you are required to complete the enclosed Identity and Statement of Educational Purpose (Signed with Notary) and mail it along with a copy of an unexpired, valid government-issued photo ID to the Luzerne County Community College Financial Aid Office located at 521 Trailblazer Dr. Nanticoke, PA 18634. The Notary's Certificate of Acknowledgement section of this form must be completed by a licensed Notary to be accepted.

D. Certifications and Signatures

Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Print Student's Name	Student's ID Number		
Student's Signature (Required)	Date		
Spouse's Signature (Optional)	Date		
Return this form and requested documents	s to:		

Luzerne County Community College Office of Financial Aid 521 Trailblazer Dr. Nanticoke, PA 18634 Phone: 570-740-0389

Upload documents to the Self-Service section of your student portal

Email: fao@luzerne.edu

Luzerne County Community College must review the requested information under the financial aid program rules (34 CFR, Part 668)