

## 2023-2024 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 2023-2024 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 Address (Include Apt. number) |            |          | Date of Birth                    |
| City   | State      | Zip Code | Phone Number (include area code) |

### B. FAMILY INFORMATION

List the people in your household including:

- The student
- The student's spouse (if you are married as of the day of application)
- The student's and/or spouse's children if the student or spouse will provide more than half of their support from July 1, 2023 through June 30, 2024.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024.

**Number in College:** Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

| FULL NAME | AGE | RELATIONSHIP | COLLEGE           | Attending at Least Half Time (Yes or No) |
|-----------|-----|--------------|-------------------|--|
|           |     | SELF         | Luzerne County CC |  |
|           |     |              |                   |  |
|           |     |              |                   |  |
|           |     |              |                   |  |
|           |     |              |                   |  |

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

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 to:**

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

**Fax: 570-740-0347**  
(please make sure to fax all pages)

**Email: [fao@luzerne.edu](mailto:fao@luzerne.edu)**

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