SouthwesternIllinois College

Office of Financial Aid, Veteran Services and Student Employment

2500 Carlyle Avenue • Belleville, IL 62221-5899

866-942-SWIC (7942), ext. 5288 • 618-235-2700, ext. 5288 • Fax 618-235-3827 • Email fin_aid@swic.edu

2024-2025 Institutional Verification Form--Dependent Student

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before offering Federal Student Aid, SWIC is required to compare your FAFSA with the information on this form and with any other required documents. If there are differences or inaccuracies, we may need to request additional documentation and your FAFSA information may need to be corrected. You must complete and sign this form, attach any required documents, and submit the form and other required documents to the Financial Aid Office at SWIC.

A. DEPENDENT STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student'sM.I.	Student's SWIC ID Number	
Student's Street Address (inc	clude apt. no.)		Student's Date of Birth	
City	State	ZipCode	Student'sPhoneNumber	
D DADENTIS'E A MIL V CI	ZE INFORMATION For for	h	4 2025 EAESA instructions or contact our office	

B. PARENIS' FAMILY SIZE INFORMATION—For further guidance, see the 2024-2025 FAFSA instructions, or contact our office.

List	yourself.	

Student's Full Name	Relationship to student
	SELF

List your parent(s)/stepparent even if you don't live with them. (**Don't include** a parent not in the household due to separation/divorce.) Please ask for assistance if you are unsure of which parent(s) to report.

Parent's Full Name	Age	Relationship to student

* List siblings below if the parent(s) reported above will provide more than half of their support through June 30, 2025. List other people **IF** living with the parent(s) reported above **AND** those parent(s) will provide more than half of their support through June 30, 2025. If parents have more members in their household than space below, please contact our office for a Family Size Verification Form.

Names of Other* Family Members	Age	Relationship to Student

Student's Name:

SWIC ID Number:

<mark>indiv</mark> Exch		ons to request an IRS tax return tr SA. If you AMENDED your 2	anscript i	f you did not and will not us	e the IRS Direct Data	
	FUDENT 2022 INCOME I					
\bigcirc	1. I, the student, did file a 20	22 tax return and used the IRS	Direct D	ata Exchange on the 2024-	2025 FAFSA.	
		022 tax return but did not use th 2022 IRS Tax Return Transcrip				
\bigcirc	3. I, the student, did not and	am not required to file a 2022	tax retur	n. I was not employed and h	ad no income earned from w	
	4. I, the student, did not and am not required to file a 2022 tax return but I had earned income from work in 2022. All names and amounts earned are listed below. I will submit ALL W2s and 1099s from employers listed below.					
	Student'sEmplo	oyer's Name	Annu	al Amount Earned in 2022	IRS W-2 Provided? Yes or No	
lete					Yes/No	
only above cted –					Yes/No	
cieu					Yes/No	
0	1. I/we, the parent(s), did file	NFORMATION (If parents filed e a 2022 tax return and <u>used the</u> le a 2022 tax return but did not	IRS Dire	ect Data Exchange on the 2	024-2025FAFSA.	
	we will instead be submittin. Schedules 1, 2 & 3.	g a copy of our 2022 IRS Tax F ot* and were not required to fil	Return Tr	anscript or a signed 2022 IR	S Tax Return with (if filed)	
		ot* and were not required to fil nts earned are listed below. I/v			from employers listed below	
-	Parent Name	Employer's Name		Annual Amount Earned in 2022	IRS W-2 Provided? Yes or No	
olete only					Yes/No	
above cted					Yes/No	
inu					Yes/No	

List.

E. CERTIFICATIONAND SIGNATURE

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. Falsification of information is subject to prosecution. Original signatures required. No electronic signature of any form will be accepted. The student AND one parent that is listed on page one of this form MUST sign and date below.

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