

A. Student Information

2024-2025

Arizona Western College Office of Financial Aid financialaid@azwestern.edu Phone (928) 344-7634 FAX (928) 317-6420

INSTITUTIONAL VERIFICATION FORM

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with copies of your and your parent(s)/spouse's (if you are married) Federal tax forms or W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR). WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both. AWC must review the requested information under the financial aid program rules (34 CFR, Part 668)

Student Full Name (please print clearly)			AWC ID		Date of Birth	
Mailing Address			Home Phone (with an	rea code)	Cell Phone	
City	State	Zip Code	E-mail address			
IF Independent: Alway of their support and yo IF Dependent: Alway more than half of their College Information:	le below according ays include your spouse u will continue to provi ys include your parent(s support from your pare Indicate whether any h	, if married, and your dependence than half of their solution and any siblings or other nt(s) between July 1, 2024, household member listed be	support between July 1, 202 dependents even if they dor and June 30, 2025.	ve with you, 14, and June 3 1't live with year at least hal	out you provide more than h 0, 2025. our parents, if they receive f time between July 1, 2024	
Full Name	Age	Relationship to Student	Will be enro	east ½	Name of College	
		Self	Yes [No	AWC	
			Yes	No		
			Yes	No		
			Yes _	No		
_			Yes Yes	No No		
			Yes	No		
				Con	tinue on next pa	
		FOR OFFICE I	USE ONLY			
Program of Study	SAP	HS/GED		ent Codes	Corrections	
Tax Forms/DRT	W-2	IVF VERIFIE	CD BYCRI RTP		Verified EFO	

Full Name:	ID Number:	
C. 2022 Income Information IRS Federal Tax and Wage transcripts Note: For foreign income earners or ta	or Verification of non-	-filing letters can be obtained at www.irs.gov ocumentation must be provided.
1. Select which applies to	you, the student ,	for the year 2022.
☐ I have filed federal taxe	es and successfull	y used the IRS data retrieval tool on the FAFSA.
☐ I have filed federal or f	oreign taxes. Sub	mit copy of IRS Tax Return Transcript or signed foreign
tax return.		
I did not file federal or	foreign taxes but	did earn income from work. Submit Wage
Transcript/W-2 and IR	S verification of r	non-filing letter & equivalent for foreign income.
☐ I did not file federal or	foreign taxes and	did not earn income from work. Submit verification of
non-filing letter from the	he IRS & equivale	ent for foreign income. (IRS non-filing letter not
required if dependent)		
2. Select which applies to	the student's spo	ouse/parent, for the year 2022.
☐ I have filed federal taxe	es and successfull	y used the IRS data retrieval tool on the FAFSA.
☐ I have filed federal or f	oreign taxes. Sub	mit copy of IRS Tax Return Transcript or signed foreign
tax return.		
I did not file federal or	foreign taxes but	did earn income from work. Submit Wage
Transcript/W-2 and IRS	S verification of r	non-filing letter & equivalent for foreign income.
I did not file federal or	foreign taxes and	did not earn income from work. Submit verification of
non-filing letter from the	he IRS & equivale	ent for foreign income.
D. Sign this Form		
least one parent must sign. I ((we) understand the	information reported on it is complete and correct. At hat the Office of Financial Aid may request additional and if I (we) do not give proof when asked, I may be
Student	Date	Parent (required only if dependent) Date