RRAAREQ CODE
PIVF

Parent Income Verification Form
2021-2022

Instructions: The U.S. Department of Education selected the student's federal aid application (FAFSA) for a process called "Verification". This requires additional information/documentation for eligibility to be determined. All requested information/documentation should be completed/submitted prior to the end of the term in which the student is seeking funding. Completion of verification does not guarantee eligibility for federal funds (grants, loans, work-study).

If selecting "Option 2" below, please return the Tax Document/s with this form to allow for timely processing.

A. STUDENT'S INFORMATION

First Name: _____ Last Name: _____ UCA ID: _____

B. TAX FILING STATUS for 2019:

☐ **Tax Return Filers: Check option 1 or 2 and follow the instructions for the option selected**

□ **Option 1: Best Option is to use the IRS Data Retrieval Tool on the FAFSA**
We recommend using the IRS Data Retrieval Tool: Go to www.studentaid.gov , log in to the student's FAFSA record, select "Make Corrections," and navigate to the Financial Information section of the FAFSA application.

□ **Option 2: Alternative is to attach the 2019 IRS Tax Return Transcript** or a signed copy of your (and spouse, if married) 2019 Federal 1040 with schedules 1, 2 & 3 if applicable. To obtain an IRS Tax Return Transcript, go to www.IRS.gov and click on the Get Your Tax Record box. Please write the student's name and UCA ID on the document(s) before submitting for identification purposes.

☐ **Non-Filers 2019: I did not file and was not required to file a 2019 Federal Income Tax Return**
Complete the chart below and submit a statement of Non-Filing. (This may be obtained by checking box 7 on IRS form 4506-T and submitting it to the IRS. The IRS will send you a Non-Filing verification letter)

Source (List Name of Employer or Agency)	Total 2019 Annual Amount If none, write "0"	Check (√) and attach copies of W-2 or 1099 or other documentation
Work:	$	☐
Work:	$	☐
Child Support Received	$	☐
Social Security or Supplemental Security Income (SSI)	$	☐
Social Security Disability (SSDI)	$	☐
Other:	$	☐

C. Parent Signature: _____ Date: _____

Office of Student Financial Aid
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