Form: **I-05**

2022-23 Standard Verification



A. Student Information

Last Name	First Name	Date of Birth	Capital Student ID
Spouse Email Address (if married)		Preferred Pho	one Number

B. Marital Information (only required if student is married, divorced, or separated)

COMPLETE THE TABLE BELOW.

- If married, divorced, or separated, include your most recent marital status and marital date;
- **If married, include** your spouse's name, date of birth, and the name of the college they are attending; *if applicable*
- **Do NOT complete, Section B -** if you are single/unmarried.

Spouse's Name (if married):			Marital Status (check only one)
Name of College <u>spouse</u> will attend 2022-2023	Spouse's Date of Birth (if married)	Date of Most Recent Marital Status (MM/YYYY)	☐Married ☐Divorced/Separated
		/	шыкопсец/ Separated

C. Family Information

COMPLETE THE TABLE BELOW.

- Include your (and your spouse's) children (including any unborn children that are expected to be born prior to July 1, 2023) if you (or your spouse) will provide more than half of the children's support from July 1, 2022 June 30, 2023;
- **Include** other people if they now live with you and you (or your spouse) provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 June 30, 2023.
- Do NOT include yourself or your spouse in the boxes below. That information is reported in Section A and B.

Indicate if any below individuals will be enrolled in a degree or certificate program at a college, university or other post-secondary institution at least half-time between July 1, 2022 and June 30, 2023. <u>Middle or high school students in college courses such as AP or CCP classes are not considered as "in college."</u> **Please indicate the name of the college they will be/plan to attend in 2022-23**

Full Name	Age	Relation to Student	Name of College they will attend 2022-2023

(Attach a separate sheet or list below in margin if you need more room.)

Total Number in College: _____

More questions are on the back side of this worksheet.

D. Tax Filing Status and Income Information

COMPLETE BOTH ITEMS, 1) & 2) BELOW.

	STUDENT		SPOUSE (only required if student is married)
	1) Check one of the following:		2) Check one of the following:
\Box	I filed a 2020 Federal Tax Return. *		My spouse filed a 2020 Federal Tax Return. *
	<u>Circle one</u> : Tax Transcript/Return Enclosed <u>or</u>	Ш	<u>Circle one</u> : Tax Transcript/Return Enclosed <u>or</u>
	IRS DRT Used		IRS DRT Used
	I was not employed and had no earned income		My spouse was not employed and had no
	in 2020 and did not file a 2020 Federal Tax		earned income in 2020 and did not file a
	Return. †		2020 Federal Tax Return. †
	I did not file a 2020 Federal Tax Return but did		My spouse did not file a 2020 Federal Tax
	work and/or have earned income. The earned		Return but did work and/or have earned
	income amount is listed below and W-2s have	_	income. The earned income amount is listed
	been included with this form. †		below and W-2s have been included with this
	Student: \$		form. †
	· _		Spouse: \$
	☐ Ye *All tax filer	s Must su	bmit:
	A 2020 Federal Tax		
	A 2020 1040 Tax Return (signed and		· —
	Use the IRS Data Retrie		
	y student and/or spouse that did not file a 2020 federa the IRS.	al tax retu	rn must submit a <u>Verification of Non-Filing Letter</u>
,	Federal Tax Return Transcripts are available on irs.g Verification of Non-Filing Letters are available by co		, , ,
E. 10	dentity and Statement of Purpose		
The	student must provide the following to verify their id Office or in the p		
	A copy of an unexpired valid government-issued photostatement below, such as but not limited to a driver's licer		
	AND		

(b) The **original notarized** Statement of Educational Purpose on the <u>next page</u>, *if completed in the presence of a notary*, of the Statement of Educational Purpose completed in person to Capital University's Financial Aid Office.

*** If Statement of Purpose has been notarized, you must provide the original form. A faxed or emailed copy will NOT be accepted.

Stateme (Statement must be completed in the presence	nt of Educational Pur e of a Notary or in person to	
I certify that I am the i am the i	ndividual signing this S	Statement of Educational Purpose and that the
(Print Student's Name) federal student financial assistance I may receive will		
Capital University for 2022-2023.		
(Student's signature)	(Date)	(Student's ID number)
Notary's Cert	ificate of Acknowledg	gement ***
State ofCity/County of		on(date), before me,
, personally app (Notary's printed name)	eared,(Printed na	, and provided to me
on the basis of satisfactory evidence of identification _ person who signed the foregoing instrument.	(Type of government-issue	to be the above-named used photo ID provided) WITNESS my hand and official seal
(Notary signature)		
My Commission expires on (Date)		
*** If Statement of Purpose has been notarized, yo	u must provide the or be accepted.	original form. A faxed or emailed copy will NOT
F. Certification and Signatures		
By signing this worksheet, I certify that all the information provide documentation that will verify the accuracy of the Warning: If you purposely give false or misleading information that will verify the accuracy of the warning:	e information provided	d on this completed form.
Student Signature	Date	Return this worksheet, and other documents to: Capital University Financial Aid Office 1 College and Main, Columbus, Ohio 43209 Phone: 614-236-6511 Fax: 614-236-6926
Spouse's Signature (optional)	Date	

Do not email documents with personally identifiable information.

AGI	Taxes Paid	Tax-Exempt	Untaxed	Other Untaxed
		Int.	IRA/Pension	
IRA Deduct	Keogh/SEP	Edu. Credits	Pension Pay.	FWS Earnings