



2022-2023 Verification Worksheet Dependent Student

Student Name: _____ UIN: _____

- Complete, sign and upload this worksheet via your Student Financial Aid Portal (my.baker.edu/financialaidportal).
- Contact the OneStop Office if you have any questions while completing this worksheet.

A. Family Information (Please read the following paragraph in its entirety before completing this section.)

List all persons for whom your parent(s) will provide more than one-half financial support between July 1, 2022 and June 30, 2023. **Write your name on the first line then include your parent(s) and your parent(s) other dependents.** If anyone other than your parent(s) is attending college (at least half-time between July 1, 2022 and June 30, 2023 and will be enrolled in an eligible degree, diploma or certificate program), include the name of his/her college.

Full Name	Age	Relationship to Student	College
		Self	Baker College

* If more space is needed, attach a separate page with your name and UIN listed at the top

B. Non-Tax Filers Section (Check the box(es) below, if applicable.)

- I was not employed, had no income from work and did not file taxes in 2020.
- I had income from work in 2020, however; I did not, will not and am not required to file a 2020 federal income tax return. Please list the income from work sources below and provide a copy of your 2020 W-2 Form(s).

Income Source/Employer's Name	2020 Yearly Amount
	\$
	\$

* If more space is needed, attach a separate page with your name and UIN listed at the top

- My parent(s)/stepparent was not employed, had no income from work and did not file taxes in 2020.
- My parent(s)/stepparent had income from work in 2020, however; did not, will not and is not required to file a 2020 federal income tax return. Please list the income from work sources below and provide a copy of your parent's 2020 W-2 Form(s). Submit a copy of your parent's Verification of Non-filing Letter from the IRS. Visit www.irs.gov/individuals/get-transcript to request this letter.

Income Source/Employer's Name	2020 Yearly Amount
	\$
	\$

* If more space is needed, attach a separate page with your name and UIN listed at the top

C. Sign this Worksheet

By signing this worksheet, I (we) certify that all the information reported is complete and accurate. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student Signature: _____ Date: _____
(Physical Signature Required)

Parent Signature: _____ Date: _____
(Physical Signature Required)

Return this form and any additional required attachments securely via the Student Financial Aid Portal: my.baker.edu/financialaidportal or Fax: 989-729-3901. Items can also be mailed: Financial Aid Processing Center, P.O. Box 77000, Owosso, MI 48867-7700.