

Enrollment Management

Office of Financial Aid

2023-24	Depende	ent St	udent
Ver	ification	Work	sheet

Student Name		_ NET ID	NET ID		
Family Information List the people in your parent(s)' ho the parent will provide more than ha would be required to provide parent standards, even if they do not live w	alf of the chil tal informatio	dren's support from July on on the 23-24 FAFSA.	1, 2023 to June 30, 2024, of Include children who meet	or if the other children	
Family Member Full Name	Age	Relationship to Student	Current School (College/University)	Enrolled at least 1/2 time during 2023-24	
1.		Self	Creighton University	Yes	
2.					
3.					
4.					
5.					
6.					
Student had income in 202 W-2(s).		uired to file a 2021 tax r	·		
	Employer's Name			\$	
			\$		
 Parent will submit 2 Parent(s) were not employed 	ncome Tax F S Data Retri 2021 IRS Ta ed, had no in	eval Tool as part of the I x Return Transcript or a come earned from work	FAFSA signed copy of the 2021 inc in 2021 and not required to return. Complete table belo	file a 2021 tax return	
E	Employer's Name			2021 Amount Earned	
			\$		
Student Signature			Date		
Parent Signature			 Date		