

**2020-21 Pharmacy Student Parental Verification Form (3MVFP)**

This form will be used to determine eligibility for aid available through the US Department of HHS

Your 2020-21 Free Application for Federal Student Aid (FAFSA) has been selected for a review process called verification. Verification must be completed before you can be awarded. As part of this process, please complete this form, provide signatures, and return it to our office at the address or fax number above. Be sure to fully answer each question on this form. Incomplete forms will be returned for completion.

**or****Student's Name (Last, First, Middle Initial)****USC ID****My VIP ID****Section 1: Information About You and Your Family**

- List your **FAFSA parent(s) current** marital status as reported on your 2020-21 FAFSA:
 

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married / Remarried	<input type="checkbox"/> Widowed
<input type="checkbox"/> Unmarried and living together	<input type="checkbox"/> Divorced/ Separated	
- Please indicate the **month and year** your **FAFSA parent(s)** were married/remarried, separated/divorced, or widowed: \_\_\_\_\_ / \_\_\_\_\_ **\*\* Do not leave blank\*\***
- Please list below the people your FAFSA parent(s) will support between July 1, 2020 and June 30, 2021. Include  **Yourself** (the student), your **FAFSA parent(s)** and **their dependent children**.
  - Other people ONLY if they are living with your FAFSA parent(s) and receive more than half of their support from your FAFSA parent(s) AND will continue to receive this support through June 30, 2021.
  - PLEASE LIST ALL FAMILY MEMBERS THAT MEET THE DEFINITION ABOVE.**

Full Name	Date of Birth	Relationship to Student	Attending College in 2020 21?	If Yes, Name of College (Exclude Parents)
1.		Self	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	USC-Columbia
2.		Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	XXXXXXXXXXXX
3.		Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	XXXXXXXXXXXX
4.		Sibling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.		Sibling	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\*\*\*\*\*If more than 5 family members, check here \_\_\_\_\_ and continue on a separate sheet of paper. \*\*\*\*\*

**Section 2: Information About Your Income**

Did you (the student) have any income in 2018? Yes  (**W-2s required**) or No  (**check one**)

- Check here if you have used the IRS Data Retrieval Tool (DRT) through FAFSA, attached a copy of your 2018 IRS Tax Return Transcript, or attached a **SIGNED** copy of your 2018 Federal Tax Return.
- Check here if you **will not** file AND are not required to file a 2018 federal tax return. Attach all 2018 W-2 forms. List sources and amounts of income not reported on a 2018 W-2 form on the following line: \_\_\_\_\_

Did your FAFSA parent(s) have any income in 2018? Yes  (**W-2s required**) or No  (**check one**)

- Check here if your FAFSA parent(s) have used the IRS Data Retrieval Tool (DRT) through FAFSA, attached a copy of their 2018 IRS Tax Return Transcript, or attached a **SIGNED** copy of their 2018 Federal Tax Return.
- Check here if your FAFSA parent(s) **will not** file AND are not required to file a 2018 federal tax return. An IRS Verification of Non-filing Letter is required. Attach all 2018 W-2 forms. List sources and amounts of income not reported on a 2018 W-2 form on the following line: \_\_\_\_\_

### Section 3: Other Untaxed Income

Print the information below for the calendar year <b>2018</b> : <b>If not applicable, enter zeros. Do not leave any part of this section blank.</b>	Student	Parent
<b>Taxable earnings from need-based employment programs</b> , such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$	\$
<b>Taxable college grant and scholarship aid reported to the IRS in your adjusted gross income.</b> Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	\$	\$
<b>Combat pay or special combat pay.</b> Only enter the amount that was taxable and included in your adjusted gross income. <b>Don't include</b> untaxed combat pay.	\$	\$
<b>Earnings from work</b> under a cooperative education program offered by a college.	\$	\$
<b>Payments to tax-deferred pension and savings plans</b> (paid directly or withheld from earnings), including, but not limited to, <u>amounts reported on the W-2 forms</u> in Boxes 12a through 12d, codes D, E, F, G, H and S. <b>Don't include</b> amounts reported in code DD (employer contributions toward employee health benefits).	\$	\$
<b>Child support received</b> for <u>all</u> children. <b>Don't include</b> foster or adoption payments. <b>(Total received in 2018)</b>	\$	\$
<b>Housing, food, and other living allowances</b> paid to members of the military, clergy, and others (including cash payments and the cash value of benefits). <b>Don't include</b> the value of on-base military housing or the value of a basic military allowance for housing.	\$	\$
<b>Veterans non-education benefits</b> such as Disability, Death Pension, or Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$	\$
<b>Other untaxed income not reported</b> , such as workers' compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 – Schedule 1 line 25. <b>Don't include</b> extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. <b>(Total received in 2018)</b>	\$	\$
<b>Money received or paid</b> on your behalf (e.g., bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is <u>not</u> reported on this form and that is <u>not</u> part of a legal child support agreement. <b>(Total received in 2018)</b>	\$	XXXXXX

### Section 4: Signatures

By signing below we certify that all information on this form is complete and correct.

Student: \_\_\_\_\_ Date: \_\_\_\_\_  
(Handwritten signature required)

Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
(Handwritten signature required)

To continue the processing of your federal financial aid, you must complete and return all requested documentation. You will not be awarded federal financial aid until all requested information has been submitted and processed. Please submit this form as soon as possible.