

STUDENT NAME:

MASFA ID NUMBER:

MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE  
2023-2024 MASFA Independent Student Verification Form

Thank you for submitting your Massachusetts Application for State Financial Aid (MASFA). In order to complete your application and be considered for need-based state financial aid, we need some additional information to confirm your financial aid eligibility.

Please complete the form and submit the required documentation to the Massachusetts Office of Student Financial Assistance. Be sure to complete all three sections of this form, as incomplete forms will not be processed.

**SECTION ONE: 2021 STUDENT INCOME AND TAX DATA**

Select the box that applies to you (the student) and submit the required documentation.

- I *[and/or my spouse, if married]* **filed or will file** a 2021 IRS income tax return
  - Submit the following documentation:** Signed copy of your 2021 Income Tax Return, including all filed schedules, as well as all 2021 wage statements (W-2 and/or 1099 forms)
  
- I *[and/or my spouse, if married]* **did not file or was not required to file** a 2021 IRS income tax return
  - I *(and my spouse, if married)* did not work and had no income earned from work in 2021
  - I *(and/or my spouse, if married)* **did work** in 2021.
    - Submit the following documentation:** All 2021 W-2s or equivalent wage statements.

**If you (and/or your spouse, if married) were employed in 2021,** in the chart below, list the names of all employers, the amount earned from each employer, and whether an IRS W-2 form or an equivalent document was provided. List every employer even if the employer did not issue an IRS W-2 form.

Employer's Name	Annual Amount Earned in 2021	IRS W-2 or an Equivalent Document Provided?
<i>(Example) ABC's Auto Body Shop</i>	<i>\$4,500</i>	<i>Yes</i>
<b>TOTAL AMOUNT OF INCOME EARNED FROM WORK IN 2021</b>	\$	

**SECTION TWO: 2021 UNTAXED INCOME**

Complete the chart below to provide additional information about untaxed income you may have received in 2021. Do not leave any amount blank; if you did not receive a particular type of untaxed income, put “0” in the appropriate box.

**Submit the following documentation:** documentation of all untaxed income reported below

Untaxed Income Type	Total 2021 Student Amount
<b>2021 Child Support Received</b>	
<b>2021 Military or Clergy Allowances</b> (indicate the total amount of any housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don’t include the value of on-base military housing or the value of a basic military allowance for housing)	
<b>2021 Veterans Noneducation Benefits</b> (indicate any Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances)	
<b>2021 Other Untaxed Income</b> (examples include: workers’ compensation, disability benefits, untaxed foreign income, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 Schedule 1- line 12. Don’t include 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)	

**Specify the source(s) of any “2021 Other Untaxed Income” reported here:**

---



---



---



---



---

### SECTION THREE: HOUSEHOLD INFORMATION

In the chart below, list the people in your household. Include all of the following, if applicable:

- Yourself
- Spouse, if you are married
- Your children if you will provide more than half of their support from July 1, 2023, through June 30, 2024, *even if the child does not live with the you.*
- Other people if they now live with you and you will provide more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2024
- **Number in College:** Indicate whether each person in your household [excluding your parent(s)], is or will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college

First and Last Name	Age	Relationship to You	Name of College for 2023-2024 (write “N/A” if not applicable)	If attending college in 2023-2024, will they be attending at least half-time?
		Self		

If more space is needed, please provide a separate page with your name and date of birth at the top to include any remaining household members.

### SECTION FOUR: CERTIFICATIONS AND SIGNATURES

By signing below, I certify that all of the information reported on this form is complete and correct, and that any incorrect or incomplete information may result in a change to or loss of my state financial aid eligibility.

\_\_\_\_\_

Print Student’s Name

\_\_\_\_\_

MASFA Student ID Number

\_\_\_\_\_

Student’s Signature (Required)

\_\_\_\_\_

Date

\_\_\_\_\_

Spouse’s Signature (Optional)

\_\_\_\_\_

Date

### NEXT STEPS

Submit completed form and all required documentation from each section to our office in one of the following ways:

- **Fax:** (617) 391-6085, **attention of Stephannie Barboza**
- **Mail:** Massachusetts Office of Student Financial Assistance  
135 Santilli Highway  
Everett, MA 02149

If you have any questions, please contact us at: [MASFA@dhe.mass.edu](mailto:MASFA@dhe.mass.edu)