STUDENT NAME:

2024-2025 MASFA Dependent Student Verification Form MASSACHUSETTS OFFICE OF STUDENT FINANCIAL ASSISTANCE

Thank you for submitting your Massachusetts Application for State Financial Aid (MASFA). To complete your application and be considered for need-based state financial aid, we need some additional information to confirm your financial aid eligibility. Complete the form and submit the required documentation. Be sure to complete all sections of this form, as incomplete forms will not be processed.

SECTION ONE: 2022 STUDENT INCOME AND TAX DATA Select the box that applies to you (the student) and submit the requ	uired documentation.	
☐ I filed or will file a 2022 IRS income tax return. ■ Submit the following documentation: Signed copy of y schedules, as well as all 2022 wage statements (W-2 ar		rn, including all filed
☐ I worked in 2022 but did not file or was not required to file a ta ■ Submit the following documentation: All 2022 W-2s o		nts.
In the chart below, list the names of all employers, the amount earned or an equivalent document was provided. List every employer even if the chart below, list the names of all employers, the amount earned or an equivalent document was provided.		
Employer's Name	Amount Earned in 2022	W-2 or an Equivalent Document Provided?
(Example) ABC's Auto Body Shop	\$4,500	Yes
TOTAL AMOUNT OF INCOME EARNED FROM WORK IN 2022	\$	
☐ I was not employed and had no income earned from work in 20 IRS income tax return.	122 . I did not file or was no	t required to file a 2022
SECTION TWO: 2022 PARENT INCOME AND TAX DATA Select the box that applies to your parent(s) and submit the require	d documentation.	
 My parent(s) filed or will file a 2022 IRS income tax return. Submit the following documentation: Signed copy of processing filed schedules, as well as all 2022 wage statements (W 		Return, including all
☐ My parent(s) worked in 2022 but did not file or was not require Submit the following documentation: Parent(s) 2022 v		atements.
In the chart below, list the names of all employers, the amount earned or an equivalent document was provided. List every employer even if the second of the chart below, list the names of all employers, the amount earned or an equivalent document was provided.		
Employer's Name	Amount Earned in 2022	W-2 or an Equivalent Document Provided?
(Example) ABC's Auto Body Shop	\$4,500	Yes
TOTAL AMOUNT OF INCOME EARNED FROM WORK IN 2022	\$	

☐ My parent(s) was not employed in **2022** and had no income earned from work in **2022**. My parent(s) did not file

or were not required to file a tax return.

SECTION THREE: 2022 UNTAXED INCOME

Complete the chart below to provide additional information about untaxed income you may have received in 2022. Do not leave any amount blank; if you did not receive a particular type of untaxed income, put "0" in the appropriate box. **Submit documentation of all untaxed income reported below.**

Untaxed Income Type	2022 Amount
Child Support Received	\$
Military or Clergy Allowances Indicate 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). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	\$
Veterans Noneducation Benefits Indicate any Veterans noneducation benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$
Other Untaxed Income 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. Do not 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 "2022 Other Untaxed Income" reported here:				

SECTION FOUR: HOUSEHOLD INFORMATION

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

- Yourself.
- Spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2024, through June 30, 2025, even if the child does not live with you.
- Other people if they now live with you and you 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, 2025.
- If anyone in your household will be enrolled in college at least half-time any time between July 1, 2024 and June 30, 2025, in a degree, diploma, or certificate program, please include the name of the college/university they will be attending.

First and Last Name	Age	Relationship to You	Name of College [if enrolled for 2024-2025] write "N/A" if not applicable	Attending college in 2024-2025 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 FIVE: 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 ID [OSFA Office Use Only]
Student Email Address	Phone Number
Student's Signature (Required)	 Date
Parent Signature (Required)	 Date

Submit completed form and all required documentation 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

2024-2025 MASFA Verification Form Page **3** of **3**