## **STUDENT NAME:**

## 2024-2025 MASFA Independent 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.

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SECTION ONE: 2022 STUDENT INCOME AND TAX DATA Select the box that applies to you (the student) and submit the rec	quired documentation.		
☐ I [and/or my spouse, if married] filed or will file a 2022 IRS inco  ■ Submit the following documentation: Signed copy of schedules, as well as all 2022 wage statements (W-2 and statements)	your 2022 Income Tax Retur	n, including all filed	
☐ I (and/or my spouse, if married) worked in 2022, but did not fi ■ Submit the following documentation: All 2022 W-2s In the chart below, list the names of all employers, the amount earner	or equivalent wage statemen	its.	
or an equivalent document was provided. List every employer even if		IRS W-2 form.	
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 FARNER FROM WORK IN 2022	\$		
TOTAL AMOUNT OF INCOME EARNED FROM WORK IN 2022	Ş		
I (and my spouse, if married) was not employed and had no in spouse, if married] did not file or was not required to file a 20.		)22. I [and/or my	
SECTION TWO: 2022 UNTAXED INCOME  Complete the chart below to provide additional information about Do not leave any amount blank; if you did not receive a particular box. Submit documentation of all untaxed income reported below.	type of untaxed income, put		
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 memb (including cash payments and cash value of benefits). Do not include the value of on- military allowance for housing.		a basic \$	
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 health savings accounts from IRS Form 1040 Schedule 1- line 12. Do not include exter earned income credit, additional child tax credit, welfare payments, untaxed Social Scincome, Workforce Innovation and Opportunity Act educational benefits, on-base mi allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria for federal tax on special fuels	nded foster care benefits, student aid, ecurity benefits, Supplemental Securit litary housing or a military housing	\$ \$	
Specify the source(s) of any "2022 Other Untaxed Income" reported	here:		

## **SECTION THREE: 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 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 ID [OSFA Office Use Only]		
Student Email Address	Phone Number		
Student's Signature (Required)	 Date		
Spouse's Signature (Optional)			

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