



## Verification Statement – Dependent Student

Please print, complete, sign, and submit this form.

### Step 1 – Student Information

\_\_\_\_\_  
**Student's name** (First, MI, Last)

\_\_\_\_\_  
**Tufts ID**

\_\_\_\_\_  
**Street Address** (include apt. #)

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip Code**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Student's Primary Phone #** (include area code)

\_\_\_\_\_  
**Student's Primary E-mail Address**

### Step 2 – Household Information

Carefully read the following instructions, and in the table below, report:

- Yourself,
- Your parents, including step-parents, even if you do not live with your parents. Do not include your non-custodial parent.
- Your parent(s)' other dependent children if; your parent(s) will provide more than half of their support from July 1, 2021 through June 30, 2022 or if the other children would be required to provide parental information if they were completing a FAFSA for 2021–22. Include children who meet either of these standards even if the children do not live with the parents.
- Other people only if they now live with your parent(s) and your parent(s) will provide more than half of their support from July 1, 2021 through June 30, 2022.
- Provide college information for those students attending at least half-time during 2021-22 in a program leading to a degree, diploma, or certificate.

Full Name	Age	Relationship*	Name of College	Undergraduate/ Graduate	Enrollment	Expected Grad Date MM/YYYY
		<i>Self</i>		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	
		<input type="checkbox"/> Parent/Step-parent <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse <input type="checkbox"/> Student's Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Other		<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Not in College	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time	

**Step 3 – Student’s Tax Filing Status – Calendar Year 2019**

Have you or will you be required to file a 2019 U.S. federal income tax return?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO, and I had no earnings from work.** Submit a student *Non-Tax Filer's Statement*.

\_\_\_\_\_ **NO, but I had some earnings from work.** Submit a student *Non-Tax Filer's Statement*. Be sure to submit all student 2019 W-2 and 2019 1099 forms received.

**Step 4 – Parent(s)’ Tax Filing Status – Calendar Year 2019**

Have your parent(s) filed or will they be required to file a 2019 U.S. federal income tax return?

\_\_\_\_\_ **YES**

\_\_\_\_\_ **NO.** Submit a parent *Non-Tax Filer's Statement*. Be sure to submit all parent 2019 W-2 and 2019 1099 forms received.

**Step 5 – Certification**

I certify all the information reported is complete and correct (the student and at least one parent must sign). A handwritten signature, not typed, is required:

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Parent Signature

\_\_\_\_\_ Date