



7750 Montpelier Road  
Laurel, Maryland 20723  
www.muih.edu  
410-888-9048

**Financial Aid Office  
2021-2022  
Independent Verification Worksheet Form (VI)**

Your 2021-2022 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this verification worksheet, attach any required documentation, and return the forms to our office. Upon review of the documents, we may request additional information. If you have questions regarding verification, contact us as soon as possible so that your financial aid will not be delayed.

**Step 1 - Student Information**

Student Name:	MUIH ID/ SSN
Address:	Daytime Phone Number:
City/State/Zip Code	Date of Birth:

**Step 2 – Family information**

List the people in your household, including:

- Yourself and your spouse if you have one, and
- Your children, if you will provide more than half of their support from July 1, 2021 through June 30, 2022, even if they do not live with you and;
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022.



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Write the names of all household members in the space(s) below. Also, write in the name of the college that any household member will be attending at least half time between July 1, 2021 and June 30, 2022. If you need more space, attach a separate page

Full Name	Age	Relationship	College
		Self	Maryland University of Integrative Health

### **Step 3 – Student (and spouse, if married) Income & Benefits Information**

Check the appropriate line below and provide the requested information and documents:

☐ I/we used IRS Data Retrieval Tool to transfer my/our 2019 income information to the FAFSA.

☐ I/we did not (or could not) transfer my/our 2019 income information to FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our 2019 IRS Tax Return Transcript(s).

☐ I was not employed, had no income earned from work in 2019 and did not file taxes for 2018.

#### **Tax Return Nonfilers**

☐ I/we worked but did not and were not required to file a 2019 Federal Income Tax Return. I/we have listed below the names of all employers, the amount earned from each employer in 2019, and whether an IRS W-2 form or 1099 is provided. I/we listed every employer even if the employer did not issue an IRS W-2 form or 1099. I/we provided copies of all 2019 W-2 forms or 1099's issued to me/us.

Source of Income (Employer's Name) (Fill out only if you did NOT file taxes)	Amount Earned In 2019	IRS W-2, 1099 Provided?
<b>TOTAL</b>		

**NOTE:** We can no longer accept a signed copy of the tax return. To request a Tax Return Transcript or a "W-2 Wage Summary" (if you did not keep a copy of your W-2 form) please request these at [www.irs.gov](http://www.irs.gov) Please be advised that it may take a minimum of three weeks for the IRS to mail these documents to you.



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### **STEP 5 – CERTIFICATION**

By signing below, I/we certify all the information reported on this worksheet is true, complete and accurate. I understand the Financial Aid offices office may request additional documents to verify the information requested on this form and on my FAFSA. I authorize the Financial Aid Office to perform necessary electronic ISIR corrections on my behalf. I/we realize that any false statement or failure to give proof when asked may be cause for denial, reduction, withdrawal, and/or repayment of my financial aid. I/we understand if we purposely give false information I/we may be fined, sentenced to jail or both. If you are a dependent student, one parent must sign below.

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Student signature	Date	Student name (Please Print)
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Spouse Signature (IF Student is married)	Date	Spouse Name (Please Print)
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