



# FINANCIAL AID OFFICE 2024-2025 Verification Untaxed Pension / IRA Form

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal guidelines dictate that, before awarding federal student aid, we may ask you to confirm the information 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 may be corrected. The student and the parent whose information was reported on the FAFSA (if dependent) must complete and sign this form, attach any required documents, and submit the information to the Financial Aid Office (FAO). **If you have questions, please contact the FAO promptly to avoid delays in the processing of your financial aid.**

_____	_____	_____	_____
Last Name	First Name	M.I.	HCC ID # or SSN (last 4 digits)
_____			_____
Street Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Email Address
_____			_____
Home Phone Number (include area code)			Alternate or Cell Phone Number

### 1. Please confirm any Pension/IRA untaxed rollover not reported on the FAFSA.

**Note:** We may require additional documentation if we have reason to believe that the information regarding the rollover is inaccurate.

	Student's Balance	Parents' Balance
As of the day you filed your FAFSA, what is your (and spouse's) total amount of untaxed pension/IRA rollover. Review lines 4a and 4b on Form 1040. Include copies of 1099R form for 2022.		Include parents' amounts below if the information was required on your FAFSA.
As of the day you filed your FAFSA, what is your parents' amount of untaxed pension/IRA rollover. Review lines 4a and 4b on Form 1040. Include copies of 1099R form for 2022.		

### 2. CERTIFICATION & SIGNATURES:

If student is classified as dependent, the student and parent whose information was reported on the FAFSA must sign and date.

Each person signing below certifies that all of the information reported is complete and correct.

_____	_____
Print Student Name	HCC ID # or SSN (last 4 digits)
_____	_____
Student Signature	Date
_____	_____
Parent Signature (if dependent)	Date

**WARNING!** If you purposely give false or misleading information, you may be fined, imprisoned, or both.

**Note:** Please allow four weeks for processing.