

2017-2018 Verification V5- Independent Aggregate

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “verification.” In this process, the Financial Aid Office compares the information provided on this form to the information you provided on your FAFSA. If there are differences your FAFSA data may be corrected.

Return this form as soon as possible to avoid delays in receiving your financial aid.

A. STUDENT INFORMATION

Student’s Last Name	First Name	M.I.	Student ID#
Student’s Address			Phone Number

B. FAMILY INFORMATION

List all the people in your household who will be supported by you between July 1, 2017 and June 30, 2018.

Be sure to include:

- **Yourself**, even if you don’t live with your parent(s)
- **Your spouse**, if you are married
- **Your children**, if any, if you will provide more than half of their support from 7/1/2017 through 6/30/2018.
- **Other children or other people**, If they now live with you and you will provide more than half of their support and will continue to provide more than half of their support from 7/1/2017 through 6/30/2018.

**DO NOT INCLUDE CHILDREN FOR WHOM A LISTED PARENT PAYS CHILD SUPPORT.
DO NOT INCLUDE FOSTER CHILDREN**

Include the name of the college for any household member, who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between 7/1/2017, and 6/30/2018.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>	<i>Heritage University</i>	

C. CHILD SUPPORT PAID

Did a person listed in section B above pay child support in 2015? **YES** **NO** If **YES**, fill in the box below.

DO NOT INCLUDE CHILDREN LISTED ABOVE

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

D. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

Were you eligible to receive SNAP benefits (food stamps) in 2015 and/or 2016? **YES** **NO**

E. INCOME INFORMATION

If you or your spouse did not file a 2015 Federal Tax Return please complete section F below.

<u>Student</u>	TAX RETURN STATUS Check the boxes that apply:	<u>Parent(s)</u>
<input type="checkbox"/>	1. Completed the IRS Data Retrieval Tool process on FAFSA on _____, 20____	<input type="checkbox"/>
<input type="checkbox"/>	2. 2015 Federal Tax Return Transcript is attached	<input type="checkbox"/>
<input type="checkbox"/>	3. 2015 Federal Tax Return Transcript will be submitted by _____, 20____	<input type="checkbox"/>
<input type="checkbox"/>	4. Filed an IRS Tax Extension. I have or will attach a copy of the IRS Tax Extension form 4868, and IRS W-2's forms provided by all of my employers.	<input type="checkbox"/>
<input type="checkbox"/>	5. Filed an Amended Tax Return and attached are both a signed copy of the 2015 Amended Tax Return (form 1040X) and the original 2015 Tax Return	<input type="checkbox"/>
<input type="checkbox"/>	6. Did not file a 2015 Federal Tax Return and was not required to file. Must complete section F. below	<input type="checkbox"/>

F. NON-FILERS STATEMENT & INCOME

Complete this section **ONLY** if you or your spouse did not file a 2015 Federal Tax Return and were not required to file. List any wage or non-wage income received in 2015 and provide copies of all W-2 forms and/or supporting financial earning statements.

2015 Students' Amount Earned	SOURCE
\$2,000.00 (EXAMPLE)	Suzy's Auto Body Shop (EXAMPLE)
2015 Spouses' Amount Earned	SOURCE
\$2,000.00 (EXAMPLE)	Suzy's Auto Body Shop (EXAMPLE)

F. HIGH SCHOOL COMPLETION

You must submit documentation of high school completion or an equivalent along with this worksheet. **Check the appropriate box below:**

- High school diploma.
- Final official high school transcript that shows the date when the diploma was awarded.
- General Educational Development (GED) certificate, an official GED transcript that indicates the student passed the exam, or a state authorize high school equivalent certificate.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- An academic transcript of a successfully completed two-year program acceptable for full credit towards a bachelor's degree.
- For a homeschooled student from a state where state law required the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- Check this box if **a copy of any of the above requirements** has been or will be **provided to the Office of Admissions**.
If the student is unable to obtain the documentation listed above, he or she must contact the Office of Financial Aid and Scholarships.

G. IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE (Must Be Signed at the Institution)

The student must appear in person at **Heritage University** to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and have the back of this worksheet notarized by a public notary.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose
 (Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Heritage University** for 2016-2017.

 Student's Signature

 Date

 Financial Aid Administrator Signature

 Date

H. IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE (To be signed with notary)

Notary's Certificate of Knowledge

State of _____ City/County of _____ on _____

before me _____ personally appeared, _____
 (Notary's Name) (Printed name of signer)

And provided me on basis of satisfactory evidence of identification _____
 (Type of government-issued photo ID provided)

To be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

 (Notary's Signature)

 (Date commission expires)

If we have reason to believe any information on this worksheet is inaccurate, we may require additional documentation.

I. Certification and Signature:

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

 Student's Signature (**Required**)

 Date

 Spouse's Signature (**Optional**)

 Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.
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