

# 2016-2017 V5 AGGREGATE VERIFICATION WORKSHEET (F17V5)

LAST NAME:	FIRST:	MI:	STUDENT ID #:
LOCAL ADDRESS:			
PHONE:		E-MAIL:	
<input type="checkbox"/> ARIZONA ASSURANCE <input type="checkbox"/> GATES <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> NURSING <input type="checkbox"/> GRAD ELLER <input type="checkbox"/> UA Online Campus			

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) has been selected by the Department of Education for verification, a review process which requires our office to collect documentation to verify the accuracy of your FAFSA information. In this process the University of Arizona is required to compare information from your FAFSA with other documentation, such as an official IRS Tax Return Transcript for you and your parent(s). If you and/or your parent(s) were not required to file a federal tax return, you must submit copies of any W-2 forms or earnings statements. If there are differences between your FAFSA and information on any of your verification documents, the school will make the correction electronically. Our office is prohibited from disbursing federal student aid until the verification process is complete.

Complete this verification form and submit it to the Office of Scholarships and Financial Aid as soon as possible. The financial aid office cannot further process your financial aid without this information.

**Dependent Student\***

*\*A student is considered dependent if he/she was required to provide parental information on the FAFSA*

**Independent Student\*\***

*\*\*A student is considered independent if he/she was not required to provide parental information on the FAFSA*

## FAMILY INFORMATION (Write the names of all household members in the chart on page 2)

<b>DEPENDENT STUDENTS:</b>	<b>INDEPENDENT STUDENTS:</b>
List the people in your parent's household including:	List the people in your household including:

- Yourself,
- Your parents (including a stepparent) even if you do not live with your parents (include same sex parents that are married as recognized by State or foreign country),
- Your parents' other children if your parents will provide more than half of the children's support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.
- For any household members, excluding your parents, who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

**Note:** Do not include roommates.

- Yourself,
- Your spouse, if you are married, as well as same sex spouses as recognized by State or foreign country,
- Your children or spouse's children if you and/or your spouse will provide more than half of the children's support from July 1, 2016, through June 30, 2017, even if the children do not live with you.
- Other people if they now live with you or you and your spouse provides more than half of the other people's support and will continue to provide more than half of their support through June 30, 2017.
- For any household members who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017, include the name of the college.

**Note:** Do not include roommates.

Full Name of Each Household Member	Year of Birth	Relationship	College (if applicable)	Enrolled Half Time (Y/N)
		Self	University of Arizona	

If more space is needed, provide a separate page with your name and Student ID number at the top.

**CERTIFICATION OF SNAP BENEFITS - FOOD STAMPS (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM)**

In 2014 or 2015, did you, your parents, or anyone in your/parents household receive benefits from the Supplemental Nutrition Assistance Program?

Student or Spouse  Yes  No      Parent(s) or someone in parent(s)' household:  Yes  No

**Note:** If there is reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, the school may require documentation from the agency that issued the SNAP benefits.

**CERTIFICATION OF CHILD SUPPORT PAID**

Complete this section if either of the parents included in the household, or the student and/or spouse, paid child support in 2015. List below the name(s) of the person(s) who paid the child support, the name(s) of the person(s) to whom the child support was paid, the name(s) of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name & Age of Child for Whom Support was Paid	Total Amount Paid in 2015

**Note:** If there is reason to believe the information regarding child support paid is inaccurate, the school may require additional documentation such as:

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

**STUDENT HIGH SCHOOL COMPLETION STATUS**

Provide one of the following documents that indicate your high school completion status when you begin college in 2016-2017 academic year:

- I have a High School Diploma
  - I am attaching a copy of my final High School Transcript, which indicates the date I completed High School
- I have a GED
  - I am attaching a copy of my GED Certificate
  - I am attaching a copy of my GED Transcript

- I have received a State Certificate
  - I am attaching my certificate recognized by the State of \_\_\_\_\_ as equivalent to a High School Diploma
- I was home schooled
  - I am attaching a signed copy of my transcript or equivalent
- I have completed my secondary education in a foreign country
  - I am attaching a copy of the “secondary school leaving certificate” or other similar document from the appropriate central government agency
  - I am attaching a TRANSLATED copy of my Foreign High School Diploma
- I have completed a two year post-secondary program acceptable for credit toward a bachelor’s degree
  - I am attaching an academic transcript that indicates you successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.
- I have none of the above
  - I am attaching a signed statement from my high school stating that I excelled academically

**NOTE:** A student who is unable to obtain the documentation listed above must contact the financial aid office.

**2015 INCOME INFORMATION: TAX FILERS**

**NOTE:** A 2015 Tax Return Transcript can be obtained online at [www.irs.gov](http://www.irs.gov) or by calling 1-800-908-9946. Please do not send 1040s; this is not acceptable documentation.

<b>Student</b>		<b>Parent</b>	
<b>Student Tax Filers:</b>		<b>Parent Tax Filers:</b>	
<input type="checkbox"/>	I used the IRS Data Retrieval Tool (DRT) on my FAFSA. <i>Important Note: If you used the DRT and later changed the information, you must submit a Tax Return Transcript.</i>	<input type="checkbox"/>	I used the IRS Data Retrieval Tool (DRT) on my FAFSA. <i>Important Note: If you used the DRT and later changed the information, you must submit a Tax Return Transcript.</i>
<input type="checkbox"/>	I corrected my FAFSA and used the DRT. You must attach the FAFSA confirmation page.	<input type="checkbox"/>	I corrected my FAFSA and used the DRT. You must attach the FAFSA confirmation page.
<input type="checkbox"/>	I am attaching my 2015 IRS Tax Return Transcript. (Please do not send 1040s as they are not acceptable documentation)	<input type="checkbox"/>	I am attaching my 2015 IRS Tax Return Transcript. (Please do not send 1040s as they are not acceptable documentation)
<input type="checkbox"/>	I filed an amended 2015 Tax Return or an extension. If you filed an amended return submit a signed copy of the 1040X (Amended) form. If you filed a tax extension submit a copy of the 4868 (Income Tax Extension) and W-2 form(s).	<input type="checkbox"/>	I filed an amended 2015 Tax Return or an extension. If you filed an amended return submit a signed copy of the 1040X (Amended) form. If you filed a tax extension submit a copy of the 4868 (Income Tax Extension) and W-2 form(s).
<b>Student</b>		<b>Parent</b>	
<b>Student Non-Tax Filers:</b>		<b>Parent Non-Tax Filers:</b>	
<input type="checkbox"/>	I did/will not file a 2015 Tax Return and did not have earnings in 2015. I also understand that I may be required to complete an IRS Verification of Non-Filing letter if this form is determined insufficient.	<input type="checkbox"/>	I did/will not file a 2015 Tax Return and did not have earnings in 2015. If you select this option further clarification may be required if this form does not sufficiently demonstrate how you supported yourself and your dependent(s) in 2015. I also understand that I may be required to complete an IRS Verification of Non-Filing letter if this form is determined insufficient.

Student ID #: \_\_\_\_\_

<input type="checkbox"/> I did/will not file a 2015 Tax Return and I am not required to file a Tax Return. If you select this option, list all of your employer(s) and income earned below and attach all W-2 form(s). I also understand that I may be required to complete an IRS Verification of Non-Filing Letter if this form is determined to be insufficient.			<input type="checkbox"/> I did/will not file a 2015 Tax Return and I am not required to file a Tax Return. If you select this option, list all of your employer(s) and income earned below and attach all W-2 form(s). I also understand that I may be required to complete an IRS Verification of Non-Filing Letter if this form is determined to be insufficient.		
Source/Employer's Name	2015 Income	W-2 Attached? Y/N	Source/Employer's Name	2015 Income	W-2, Attached? Y/N

**STUDENT IDENTITY VERIFICATION and STATEMENT OF EDUCATIONAL PURPOSE**

**\*\* IMPORTANT - DO NOT COMPLETE THE FOLLOWING SECTION IN ADVANCE \*\***

**THIS PORTION OF THE FORM MUST BE COMPLETED IN THE PRESENCE OF EITHER:  
A FINANCIAL AID REPRESENTATIVE (OPTION 1) or  
A NOTARY PUBLIC (OPTION 2)**

**OPTION 1 (Complete only when signing in person at the University of Arizona's (UA) Financial Aid Office)**

I am appearing in person with my valid (unexpired) government issued photo identification (driver's license, state identification card, or passport). The Office of Scholarships and Financial Aid will maintain a copy of your photo ID that is annotated with the date it was received and the name of the Financial Aid Officer authorized to collect your ID.

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Arizona for 2016-2017.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

**OPTION 2 (If you are unable to appear in person at UA's Financial Aid Office, complete in the presence of a Notary Public)**

I am attaching a notarized copy of my valid (unexpired) government issued photo identification (driver's license, state identification card, or passport).

**Statement of Educational Purpose:** I certify that I \_\_\_\_\_ (print student name) am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the University of Arizona for 2016-2017.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

**IF SUBMITTING IN PERSON (OPTION 1)**  
**Present this form with original valid (unexpired) government-issued photo identification.**  
**To be completed by an OSFA Representative:**

ID Type: \_\_\_\_\_

ID Number: \_\_\_\_\_ Expires: \_\_\_\_\_

OSFA Representative Name (print): \_\_\_\_\_

OSFA Representative Title: \_\_\_\_\_

OSFA Representative Signature: \_\_\_\_\_

**IF SUBMITTING BY MAIL/FAX/EMAIL (OPTION 2)**  
**Send this form with photocopy of valid (unexpired) government-issued photo identification.**  
**To be completed by a Notary Public:**

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On, \_\_\_\_\_, before me, \_\_\_\_\_,

(date) (Notary's Name)

personally appeared \_\_\_\_\_ and proved to me on

(Printed name of signer)

basis of satisfactory evidence of identification \_\_\_\_\_ to be

(Type of unexpired government-issued photo ID provided)

the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_

(Notary signature)

My commission expires on \_\_\_\_\_

(Date)

**SIGN WORKSHEET**

I affirm by signing below the information on this worksheet and the submitted documents are true and correct. I also agree, if asked, to provide information that will verify the accuracy of my completed form. Giving false or misleading information on this worksheet can result in a fine, a jail sentence, or both.

\_\_\_\_\_  
 Student's Signature Date Parent/Spouse's Signature Date