



OZARKA COLLEGE

Financial Aid

2015-2016 Student Verification & Data Forms

Your application was selected for review in a process called “verification.” If there are differences between your FAFSA application and the documents you submitted, corrections will be made and reprocessed by the federal processor. **We cannot process your financial aid until verification has been completed, please provide the needed documents as soon as possible.**

WHAT YOU SHOULD DO:

- Collect your {and if applicable, your spouse’s or parent(s)} 2014 IRS tax transcript (if you did not link to the IRS) and W2’s.
- Complete this form and provide the required signatures (yours and your parent(s) if applicable).
- Contact the Office of Financial Aid if you have questions about completing this form.
- Bring in or mail this completed form and all 2014 tax forms to the Ozarka Office of Financial Aid.
- Complete this form in blue or black ink only. Do not use a pencil.
- Do not make any further corrections to FAFSA once you have submitted this form.
- NOTE: This form will be returned to you if information is not fully and accurately completed.

A. STUDENT INFORMATION:

| | | | |
|--|-------|----------|----------------|
| Student Name (Last Name, First Name, Middle Initial) | | | SS#/Student ID |
| Mailing Address | | | Date of Birth |
| City | State | Zip Code | Phone Number |

B. FAMILY INFORMATION:

An **Independent student** must be able to affirm that at least one of the following statements is true. Proof may be requested. A **Dependent student** is a student who is unable to check any of the following boxes.

- You were born before January 1, 1992.
- You were married, as of the day you filed the Free Application for Federal Student Aid.
- You have children for whom you will provide more than half of their support from July 1, 2015 through June 30, 2016.
- You have dependents (other than your children or spouse) who 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, 2015-June 30, 2016.
- Since the age of 13, both of your parents are deceased, you were in foster care, or you were a dependent or ward of the court.
- You are or were an emancipated minor as determined by a court in your state of legal residence.
- You are or were in legal guardianship as determined by a court in your state of legal residence.
- You are currently serving active duty or are a veteran of the U.S. Armed Forces.
- I am homeless or I am at risk of being homeless
- I will be working on a master’s or doctorate program(e.g., MA, MBA, MD, JD, PhD, EdD, graduate certificate)
- I am a veteran of the U.S. Armed Forces
- I was in foster care since turning age 13

List all of the people who live in your household. You may include other people only if they now live in your household, and you provided more than half of their support and will continue to provide more than half of their support from July 1, 2015 through June 30, 2016:

| | Full Name | Age | Relationship | College (if attending) |
|---------------|-----------|-----|--------------|------------------------|
| Yourself | | | Self | Ozarka College |
| Spouse/Parent | | | | |
| Parent | | | | |
| Dependent | | | | |
| Dependent | | | | |

C. TAX FORMS AND INCOME INFORMATION:

Section 1. All tax filers **must** submit an IRS transcript of all 2014 Federal Tax Returns. Request form online at www.irs.gov or call the IRS at 1(800)829-1040 to request a "Return Transcript".

Student: (check one box only)

- Check and attach signed IRS transcript. **Complete Section 3**
- Check if you will not file and are not required to file a 2014 U.S. Income Tax Return. **Complete Section 2**

Parents: (if applicable) (check one box only)

- Check and attach signed IRS transcript. **Complete Section 3**
- Check if you will not file and are not required to file a 2014 U.S. Income Tax Return. **Complete Section 2**

Spouse: (check one box only)

- Check and attach signed IRS transcript. **Complete Section 3**
- Check if you will not file and are not required to file a 2014 U.S. Income Tax Return. **Complete Section 2**

SECTION 2 List all employers and any income received in 2014 for all family members who indicated in Section 1 that they did not file and are not required to file a 2014 Federal Income Tax Return. **If you have no income to report enter NONE under Source of Income.**

| 2014 Source of Income | Is income listed for student, spouse, or parent(s)? (List one) | 2014 Income Amount |
|-----------------------|---|--------------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

SECTION 3

Supplemental Nutrition Assistance Program (SNAP-Food stamps)

If you/your parents received SNAP (food stamps) benefits in 2014 or 2015?

Yes No N/A

*If you marked "yes" please provide documentation from your DHS case manager.

Child Support Payments

| Child Support Paid By | Child Support Paid To | Name of Child | Amount of Child Support Paid |
|-----------------------|-----------------------|---------------|------------------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

D. UNTAXED INCOME RECEIVED AND INCOME EXCLUSIONS FROM 2014:

Both tax filers and non-tax filers must list any untaxed income received in 2014.

Enter zero if no funds were received.

| Student/Spouse | Calendar Year 2014 | Parent(s) |
|----------------|--|-----------|
| \$ | Education credits from IRS Form 1040 – line 49 or 1040A – line 31 | \$ |
| \$ | Untaxed IRA distribution from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative enter 0. | \$ |
| \$ | IRA deductions and payments to self-employed plans from IRS Form 1040 – line 28 +line 32 or 1040A – line 17 | \$ |
| \$ | Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b | \$ |
| \$ | Untaxed portion of pensions from IRS Form 1040 – (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative enter 0. | |
| \$ | Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 Form in Boxes 12a through 12d, codes D, E, F, G, H, and S | \$ |
| \$ | Housing, food, and other living allowances paid to members of the military, clergy, & others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or BAH | \$ |
| \$ | Veterans' non-education benefits, such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances | \$ |
| \$ | Any other untaxed income or benefits not reported, such as worker's compensation, disability, etc. Don't include student aid, earned income credit, additional child care credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, or Workforce Investment Act educational benefits, on-base military housing or BAH, combat pay, benefits from flexible spending arrangements, foreign income exclusions, or credit for federal tax on special fuels. | \$ |
| \$ | Money received, or paid on your behalf (e.g. bills), not reported elsewhere on the FAFSA | \$ |



OZARKA COLLEGE

Financial Aid

You must notify the Ozarka Financial Aid Office of any other financial assistance you expect to receive while attending Ozarka. Example: Arkansas Rehabilitation, AmeriCops, National Guard Fee Waiver, etc.

| Source | Fall 2015 | Spring 2016 |
|--------|-----------|-------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

E. Other Information

Have you received a high school diploma or GED? *Yes _____ No _____

Name of school: _____ Graduation Date: _____

Have you attended any other college? *Yes _____ No _____

Have you attended any other college since your last enrollment with Ozarka? *Yes _____ No _____

***You must submit official transcripts from every institution you have attended and it must be evaluated by the Ozarka's Registrar's Office before financial aid will be processed.**

By signing below, I permit Ozarka College to use any Title IV federal aid I receive to pay any institutional fees, charges, and any other fees related to my attendance at Ozarka College. This permission pertains to charges for the award year for which I am receiving financial aid and minor prior year charges. I understand I may rescind (in writing) this permission at any time. Allowable charges include tuition and fees, returned check fee, library fines and, bookstore charges, on-line course fee, and various miscellaneous charges.

In addition, I certify the above information is true and correct to the best of my knowledge. I understand if this form has not been completed properly. It will be returned to me for proper completion. If this form has been completed with intent to receive financial aid on the basis of false information, I understand I am subject to denial of aid and possible federal prosecution.

F. SIGN THIS FORM:

By signing this form, I (we) certify that all the information reported on this form is complete and correct. If dependent, at least one parent must sign.

Warning: If you purposefully give false or misleading information on this form, you may be fined, sentenced to jail, or both.

Student Signature Date

Parent Signature (if dependent) Date