

Student Verification- Aggregate (V5) 2024-2025

Student Name: _____ Student ID#: _____
Last First MI
Home Address: _____ Phone: _____
Street City State ZIP Code Home Number

Parent information is required on this form ONLY if the student was required to provide parental information on the FAFSA

Family Size: Includes the following: Check the appropriate box and provide the requested information

- ☐ **Dependent Student:**
- The student.
 - The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
 - The student's siblings if the following are true:
 - They live with the student's parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.
 - Other persons if the following are true:
 - They live with the student's parents.
 - They receive more than half of their support from the student's parents, and
 - They will continue to receive more than half their support from the student's parents during the award year.

☐ **Independent Student:**

- The student.
- The student's spouse, if applicable.
- The student's dependent children if the following are true:
 - They live with the student (or live apart because of college enrollment),
 - They receive more than half of their support from the student; and
 - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
 - They live with the student.
 - They receive more than half of their support from the student, and
 - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent or student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2024-2025 FAFSA. As a result, the student should not include any unborn children in the family size.

| Full Name | Age | Relationship |
|-----------|-----|--------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Please check the box(es) below that describes the tax filing status on the FAFSA for the student, spouse (if applicable), and each parent(s) (if applicable).

Ex: If student is independent and single, check one box for student. If student is married, check one box for student and one box for spouse. If student is dependent, check one box for student and one or two boxes for parent(s), depending on their marital status

| | Student | Spouse | Parent 1 | Parent 2 |
|---|---------|--------|----------|----------|
| With my consent and approval; my 2022 federal tax information (FTI) was transferred to my FAFSA via Future Act Direct Data Exchange (FADDX) | | | | |
| I was unable to use the FA-DDX and manually entered my income and tax data. I will submit a signed copy of my 2022 tax return and any other required W-2s/schedules. (Due to current marital status). | | | | |
| I worked in 2022 but did not (and was not required to) file a 2022 tax return. If checked; (Please complete the chart below). | | | | |
| I was not employed and had no income earned from work in 2022. | | | | |

If you worked in 2022, but did not file taxes:

List every employer, even if the employer did not issue an IRS W-2 form. Provide copies of all 2022 IRS W-2 forms issued. If more space is needed, provide a separate page with the student's name and ID number at the top.

| Employee's Name | Employer's Name | Annual Amount Earned in 2021 | IRS W-2 or Equivalent Document Provided? |
|--|--|------------------------------|--|
| <i>Student/Spouse or Parent's Name</i> | <i>(Example) Finnigan's Spa and Beauty Bar</i> | <i>\$4500.00</i> | <i>Yes</i> |
| | | | |
| | | | |
| | | | |
| | | | |

- An equivalent document to a W-2 form is any document that shows the amount of income earned from work and the amount of taxes withheld, such as a pay stub or an earnings statement. If you are self-employed, you may need to provide a signed statement certifying the amount of your Adjusted Gross Income (AGI) and the U.S. income tax paid for the applicable tax year.
- If your employer paid you in cash, you still need to report income.

*** An IRS Verification of Non-filing Letter or other confirmation of non-filing is only required when verifying income earned from work for a nontax filer who would file a tax return with a tax authority **other** than the Internal Revenue Service (IRS).

_____ Check her if a non-filing letter is provided.

_____ Check her if a non-filing letter will be provided later.

Certification and Signature

Each person signing below certifies that all of the information reported is complete and accurate. The student and one parent (if applicable) must sign and date. I give the Ozarka Financial Aid Office authorization to make necessary corrections.

Student's Signature

Date

Parent's Signature

Date

Identity and Statement of Educational Purpose *(to be signed at institution)*

Complete this section only if you are bringing this for to campus

The student must appear in person at Ozarka College to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)
 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 Ozarka College for 2024-2025.

(Student's Signature)

(Student's ID Number)

(Date)

Ozarka Financial Aid Office Use Only:

I verify that this student, is the said student, which has signed and dated the above document.

(Signature/Title)

(Date Received)

Identity and Statement of Educational Purpose *(to be signed in the Presence of a Notary)*

Complete this section only if you are mailing in this form

If the student is unable to appear in person at Ozarka College to verify his or her identity, the student must provide to the institution:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
2. The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
(Print Student's Name)
 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 Ozarka College for 2024-2025.

(Student's Signature)

(Student's ID Number)

(Date)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ On _____
(Date)

Before me, _____, personally appeared,
(Notary's name)

_____, and provided to me on the basis of
(Printed name of signer)

satisfactory evidence of identification _____ to be the
(Type of unexpired government-issued photo ID provided)

above-named person who signed the foregoing instrument. **WITNESS my hand and official seal**

(Seal)

My commission expires on _____
(Date) _____
(Notary Signature)