

2022-2023 AGGREGATE VERIFICATION OF DEPENDENT STUDENT V5

Student Name: _____ **NCCC ID (if known):** _____

Each year approximately 25% of all financial aid applicants are selected by the federal government for verification. When a student is selected for verification, a college is required to verify that the information reported on the FAFSA is true and accurate. The federal government selected your FAFSA for verification. To complete this, the Financial Aid Office (FAO) is required by law to compare the information that you self-reported on the FAFSA to both the information on this form and to any 2020 federal taxes. FAO is required to update your FAFSA with any corrections. In order to complete verification, submit this form to the FAO and provide us with any 2020 federal taxes. You can fax, scan and e-mail, or mail a copy of this form to the FAO. Failure to submit this information in a timely manner may eventually result in account holds, late fees, and loss of aid.

SECTION A – PARENTS’ MARITAL STATUS

What was the marital status of the legal parents that you listed on your 2022-2023 FAFSA? Indicate their marital status on the date that you submitted this FAFSA. (check one)

- Never married
 Married or remarried
 Widowed
 Unmarried and both parents living together
 Divorced or Separated

SECTION B - HOUSEHOLD INFORMATION

In the table below, list the people in the household of your legal parents. A legal parent is your biological or adoptive parent, or your legal parent as determined by the state (for example, if the parent is listed on your birth certificate). If you have a stepparent currently married to your legal parent, you generally also must provide information about them. Include in the table below:

In the table below, list the people in your legal parents’ household. Include:

- You, the student.
- Your parents (including a stepparent) even if you don’t live with your parents.
- Your parents’ other children if the parents will provide more than half of their support from July 1, 2021 through June 30, 2022, or if the other children would be required to provide parental information if completing a FAFSA for 2022-2023. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2022.

For each household member you list, write their age, relationship to you (parent, sibling, grandparent, etc.), and college name, and if they will attend at least half-time in 2022-2023 in a degree, diploma, or certificate program.

| Full Name | Age | Relationship | College Enrolled in 2022-2023 | Will be Enrolled at Least Half-Time? |
|---------------|-----|--------------|-------------------------------|--------------------------------------|
| You - Student | | | NCCC | Yes or No |
| | | | | Yes or No |
| | | | | Yes or No |
| | | | | Yes or No |
| | | | | Yes or No |

SECTION C - STUDENT FEDERAL INCOME

Did you, the student, file a 2020 federal tax return (1040, 1040A, 1040EZ)?

- No - I did not file and was not required to file a federal income tax return. Complete *Section D*.
 Yes and I have already used the **IRS Data Retrieval** at www.fafsa.gov to transfer this tax return into my FAFSA.
 Yes and I will use the **IRS Data Retrieval** at www.fafsa.gov to transfer this tax return into my FAFSA.
 Yes and I have or will submit an **IRS Tax Return Transcript** for 2019 or will provide a signed copy of the 2019 Federal Income Tax Return to the to the Financial Aid Office. Include copies of Federal Schedules 1, 2 or 3 if you have them.

SECTION D - STUDENT WAGES

Only complete this section if you answered "No" in *Section C*. Did you earn any income from work in 2019?

- No - I earned no income from work in 2020. I was not employed in 2020.
 Yes - In the table below list each employer and the amount earned from each employer.

Attach copies of all 2020 IRS W-2 forms issued to you by employers. List every employer even if they did not issue W-2 forms.

| Employer's name | Amount Earned | W2 attached? Circle one |
|-----------------|---------------|-------------------------|
| | \$ | Yes or Not issued |
| | \$ | Yes or Not issued |
| | \$ | Yes or Not issued |

SECTION E – PARENT FEDERAL INCOME

Did your legal parents file a 2020 federal tax return (1040, 1040A, 1040EZ)?

- No-Complete *Section F* and submit an IRS Verification of Non-filing Letter for the parent(s) who did not file from www.irs.gov
 Yes and my parents have already used the **IRS Data Retrieval** at www.fafsa.gov to transfer it into my FAFSA.
 Yes and my parents will use the **IRS Data Retrieval** at www.fafsa.gov to transfer this tax return into my FAFSA.
 Yes and my parents have or will submit an **IRS Tax Return Transcript** for 2019 or will provide a signed copy of the 2019 Federal Income Tax Return to the Financial Aid Office. Include copies of Federal Schedules 1, 2 or 3 if you have them

SECTION F – PARENT WAGES

Only complete this section if you answered "No" in *Section E*. Did any parent earn income from work in 2019?

- No – neither parent earned income from work in 2020. Neither parent was employed in 2020.
 Yes - In the table below list each of your parent's employers and the amount earned from each employer.
 Attach copies of all 2020 IRS W-2 forms issued by employers. List every employer even if they did not issue a W-2 form.

| Employer's name | Amount Earned | W2 attached? Circle one |
|-----------------|---------------|-------------------------|
| | \$ | Yes or Not issued |
| | \$ | Yes or Not issued |
| | \$ | Yes or Not issued |
| | \$ | Yes or Not issued |

SECTION G – SIGNATURES AND ATTACHMENTS

Each person signing below certifies that all of the information reported is complete and correct. If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. (All signatures sign with ink please).

Student's Ink Signature Date Parent 1 Ink Signature Date Parent 2 Ink Signature
 (only if not a joint return) Date

2022-2023 PROOF OF IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE-DEPENDENT

Student Name _____

Student ID _____

SIGN IN PERSON AT THE FINANCIAL AID OFFICE

The student must appear in person at the Financial Aid Office at North Country Community College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. North Country Community College 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 North Country Community College authorized to collect your ID.

In addition, you must sign in the presence of an official of the Financial Aid Office, the following:

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 North Country Community College for 2022-2023

Student's Ink Signature: _____ Date: _____

Financial Aid Office: _____ Date: _____

SIGN WITH NOTARY

If the student is unable to appear in person at the Financial Aid Office to verify his or her identify, the student must provide the Financial Aid Office with both of the following:

1. A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below. Examples include, but are not limited to a driver's license, other state-issued ID, or passport AND
2. The original notarized Statement of Educational Purpose provided below (cannot be faxed or scanned).

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)
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 North Country Community College for 2022-2023.

Student's Ink Signature: _____ Date: _____

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of _____ City/County of _____ On _____
(Date)
before me, _____ personally appeared _____,
(Notary's Name) (Printed Name of Signor)
and proved to me on basis of satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and office seal _____, My commission expires on _____
(Notary Signature) (Date)

2022-2023 ADDITIONAL FINANCIAL INFORMATION

Student Name:

NCCC Student ID:

In the table below, report the amounts for each item for the entire 2020 calendar year: January 1, 2020 to December 31, 2021. Leave no spaces blank, **enter zeros** when appropriate.

| Untaxed Income | Student and/or Spouse Amount | Parent Amount (for dependent) |
|--|-------------------------------------|--------------------------------------|
| Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H, and S. Do not include code DD. | | |
| IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 OR 1040A – line 17 | | |
| Child support received for any of your children. Don't include foster care or adoption payments | | |
| Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b | | |
| Untaxed portions of IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers. If negative, enter zero | | |
| Untaxed portions of pensions from IRS Form 1040 – lines (16a minus 16b) or 1040A – lines (12a minus 12b). Exclude rollovers. If negative, enter zero. | | |
| Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing. | | |
| Veterans' non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | | |
| Other untaxed income not reported, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels | | |
| Money received, or paid on your behalf (e.g. bills) not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information was NOT reported on the FAFSA and that is not part of a legal child support agreement. | Student and/or Spouse Amount | Parent Amount (for dependent) |
| Additional Financial Information | | |
| Education Credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040-line 49 or 1040A-line 31 | | |
| Child support paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your household | | |
| Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships | | |
| Taxable student grants and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships | | |
| Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay. | | |
| Earnings from work under a cooperative education program offered by a college. | | |

By signing this worksheet, I certify that all the information reported is complete and accurate. If false or misleading information is purposely provided on this worksheet or the FAFSA I understand I may be fined, sentenced to jail, or both.

Student Signature

Date

Parent Signature (dependent students only)

Date