

2018-2019 Independent Aggregate Verification Worksheet V5

READ THIS!

You were selected for VERIFICATION by the Department of Education. The law says that before Kellogg Community College's Financial Aid Office (FAO) can award Federal Student Aid, we ask that you confirm the information you reported on your online 2018-2019 FAFSA. An FAO Administrator will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information will need to be corrected. Complete and sign this worksheet, attach any required documents, and submit the form to the FAO. The FAO may ask for additional information if this form is completed incorrectly. contact KCC's FAO with questions.



OPTION 1. IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

To complete the required section, you must appear in person at Kellogg Community College to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, State-issued ID, or passport. KCC Financial Aid Office will maintain a copy of the photo ID that is annotated by KCC with the date it is received and reviewed. I certify that I, _____ am the individual (Print Full Name) signing this Statement of Education 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 Kellogg Community College for 2018-2019. **Student Signature Date** Student ID# **APPROVED** Staff Name:

| OPTION 2. NOTARY'S CERTIFI | ICATE OF ACKNOWLEDGEMENT | |
|---|-------------------------------------|--|
| If you, the student, are not able to a this Notarized Certificate of Acknow | | lege, to verify your identity, complete and submit |
| State of: | - | City/County of: |
| On, before me | <u> </u> | personally appeared,, |
| (Today's Date) | (Notary's Name) | personally appeared,, (Signer's Name) |
| and provided to me on basis of satis | sfactory evidence of identification | to be the above named |
| | (Type | of ID provided) |
| person who signed the foregoing in | strument. | |
| | | WITNESS my hand and Official Seal: |
| Notary Signature | Student Signature | |
| Date | Student ID# | |
| My Commission Expires on | (Date) | |

| Part I. INDEPENDENT STUDENT INFORMATION | | | | |
|---|------------------|-------------------|-------------------|--|
| Last Name | First Name | M.I. | Student ID# | |
| Street Address (ir | nclude apt. no.) | | Social Security # | |
| City | ST | Zip | Date of Birth | |
| Home Phone | Cell Phone | Alternative Phone | | |

Part II. HOUSEHOLD INFORMATION

In the box below list ALL members of your household. Your household should include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2018, through June 30, 2019, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2019.

| Full Name | Age | Male or Female M or F | Relationship | College | *Will be Enrolled at least Half Time (Yes or No)? |
|-----------|-----|--------------------------|--------------|---------------------------|---|
| | | | Self | Kellogg Community College | Yes |
| | | | spouse | | |
| | | | child | | |
| | | | | | |
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NOTE: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

^{*}For any household member who will be enrolled at least half time (6 credits) in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019, include the name of the college. If more space is needed, provide a separate page with the student's name and ID number at the top.

Part III. STUDENT INCOME INFORMATION

a. Tax Return Filers- Complete this section if you, the student (or your spouse, if married), has filed or will file a 2016 tax return with the IRS.

If you have not already used the IRS Data Retrieval Tool (DRT), which is part of your FAFSA, go to www.FAFSA.gov, log onto your FAFSA application, select "Make FAFSA Corrections", and navigate to the Financial Information section and use the IRS DRT and transfer your 2016 taxes onto your FAFSA. If you need assistance with using the DRT and if you have filed an Amended 2016 IRS Federal Tax Return, contact the Financial Aid Office (FAO).

| Check t | the | box | that | ap | plies: |
|---------|-----|-----|------|----|--------|
|---------|-----|-----|------|----|--------|

| I have filed a 2016 Federal IRS Tax Return and have used the DRT through FAFSA |
|--|
| I will file and have NOT yet used the IRS DRT through FAFSA, however I will use the DRT later |
| I was UNABLE or chose not to use the DRT through FAFSA, and I will submit an IRS Tax Return Transcript |
| separately: |

- ✓ Attach your 2016 Tax Return Transcript to this worksheet
- ✓ Or Submit Tax Return Transcript at a later date To obtain an IRS Tax Return Transcript, go to https://www.irs.gov/individuals/get-transcript to request an electronic transcript or to receive it by mail. You can also call 1-800-908-9946. Make sure to request a *Tax Return Transcript* and NOT the Account Transcript
- b. Tax Return Non-filers- Only Select ONE Option. Complete this section if you, the student (and, if married, your spouse) will not file an IRS Tax Return. ALL Non-filers must submit a 2016 "IRS Verification of Non-filing Letter" which can be retrieved from the IRS online at http://www.irs.gov/Individuals/Get-Transcript or by mail by submitting an IRS Form 4506-T, found at www.irs.gov/pub/irs-pdf/f4506t.pdf

| I was not employed, did not have any income earned from working during the year of 2016 |
|---|
| -OR- |

- ☐ I was employed however, I was not required to file a 2016 Federal IRS Tax Return. If so, complete the box below and attach the following:
 - ✓ Attach copies of all 2016 W-2's and/or 1099 forms
 - ✓ Submit a **Household Resources Verification form**, found on webpage or at the FAO

| Name of Employer | Amount Earned in 2016 | IRS W-2 Attached? Yes or No |
|---------------------------------|-----------------------|-----------------------------|
| Suzy's Auto Body Shop (example) | \$2,000.00(example) | Yes(example) |
| | | |
| | | |
| | | |
| | | |

Part IV. ADDITIONAL INCOME – Use the table below to report annual amounts for you and your spouse. Be sure to enter zeros if no funds were received in 2016.

| 2016 Additional Financial Information | Student/Spouse Amount |
|--|--------------------------|
| Combat pay or special combat pay. Only enter the amount that was taxable and include in your adjusted gross income. Combat pay is reported on the W-2 in Box 12, Code Q. | \$ |
| Payments to tax-deferred pension and savings plans including, but not limited to, amounts reported on the W-2 forms in Boxes 12a-12d, Codes D, E, F, G, H and S. | \$ |
| Child support RECEIVED for any of your children. Don't include foster care or adoption payments. Provide names of child(s) you received child support for: | \$ |
| 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. | \$ |
| Veteran's 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 in items 45a through 45h or 93a- 93h, such as workers' compensation, disability, etc. Don't include student aid, EIC, additional child tax credit, welfare payments, untaxed SS benefits, SSI, WIA 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. | \$ |

Part V. CERTIFICATION AND SIGNATURE

| I certify that ALL information reported on this | |
|--|------------------|
| worksheet is complete and correct. The student | Student Signatur |
| worksheet is complete and correct. The student | |
| must sign and date this worksheet. If married, the | |
| spouse's signature is optional. | |

| WARNING: | If you | purpo | sely | give |
|--------------|------------|--------|-------|-------|
| false or mis | sleading | inform | natio | n on |
| this worksh | eet, you | may | be f | ined, |
| sentenced to | jail, or b | oth. | | |

| Student Signature | Date | |
|-------------------|------|--|
| | | |
| Snouse Signature | Date | |

RETURN BY MAIL, EMAIL OR FAX TO:

Kellogg Community College Financial Aid Office 450 North Avenue Battle Creek, MI 49017

(Optional)

Email: finaid@kellogg.edu