

V5 Aggregate Verification Group Form – Independent

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that, before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit everything to the financial aid office at your school. Your financial aid application cannot be reviewed until all required information is reported and submitted to your school. You should expect to receive an award offer 6-8 weeks from the time that all required information is submitted.

A. Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____-_____-_____ Social Security Number
_____ Street Address (include apt. no.)			_____/_____/_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Email Address
(_____)_____ Home Phone Number (include area code)			(_____)_____ Alternate Phone Number

B. High School Completion Status

Provide one of the following documents that verify the student's high school completion status **before** the student will begin college in 2016-2017:

- A copy of your high school diploma.
- A copy of your final high school transcript that shows the date when the diploma was awarded.
- A state certificate or transcript you received after you passed a state-authorized examination (GED test, HiSET, TASC, etc.) that the state recognizes as the equivalent of a high school diploma.
- If you completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- Home schooled students must submit, with the Application for Admission, evidence that the home school program was approved by the student's school district superintendent or school committee. If the student is under the age of compulsory attendance (16 years old in Massachusetts) and has completed a home school program, the student's school district superintendent or school committee must provide a letter stating the student is not considered truant and would **not** be required to attend further schooling or continue to be home schooled.

C. Identity Verification and Statement of Educational Purposed (to be signed at the institution)

The student must appear in person at Greenfield Community College to sign the Statement of Educational Purpose in the presence of a financial aid official. The student must present the financial aid official with valid **government-issued photo identification (ID)**. Examples of valid government-issued photo identification (ID) include, but are not limited to: a driver's license, a state-issued ID, or a passport.

The Statement of Educational Purpose must be signed in person in the presence of a financial aid official. However, if you cannot appear in person at Greenfield Community College, you may request that we forward you the statement which you must sign in the presence of a Notary Public. The Statement of Educational Purpose will not be accepted if it is not notarized or signed in person at GCC.

To request that the Statement of Educational Purpose be sent to you for notarization, please contact the office at (413)775-1109 or email financialaid@gcc.mass.edu.

D. Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information when completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member who will be enrolled at least half-time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. *If more space is needed, attach a separate page with your name and Student ID Number at the top.*

[illegible]

Student Name _____

Student ID _____

E. Student's (and Spouse's) Federal Income Tax and Income Information

- ☐ Check here if you, have used the IRS Data Retrieval Tool in FAFSA on the web to transfer your (and your spouse's) 2015 Federal Income Tax return information into your FAFSA.
- ☐ Check here if you *will* use the IRS Data Retrieval Tool in FAFSA on the web to transfer your (and your spouse's) 2015 Federal Income Tax return information into your FAFSA.
- ☐ Check here if you were unable or choose not to use the IRS Data Retrieval Tool and will instead provide the school with a copy of your (and your spouse's) **2015 IRS Tax Return Transcript(s)**.

Important Note: If you (and your spouse) filed, or will file, an amended 2015 IRS tax return, contact the financial aid office.

- ☐ If you (and your spouse) **DID NOT** file and are not required to file a 2015 Federal Income Tax Return, list below your (and your spouse's) employer(s) OR any income received in 2015 (use the W-2 form or other earning statements as available).

Income Source (Employer or Benefit)	2015 Amount Received	Documentation Attached?
<i>ABC Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes (W-2 from employer)</i>
<i>Social Security-Disability (example)</i>	<i>\$3600.00 (\$300/month)</i>	<i>Yes (statement from SSA)</i>

F. Supplemental Nutrition Assistance Program (SNAP) – Previously named Food Stamp Program

The student certifies that a member of their household received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015. ***Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issues the SNAP benefits in 2014 or 2015. Monthly Amount \$ _____.**

G. Child Support:

If you and/or your spouse either paid or received child support in 2015 please indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by the school you may need to provide documentation of the payment of child support.

- ☐ Someone in our household **received** Child Support
- ☐ Someone in our household **paid** Child Support

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid or received in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Student Name

Student ID

H. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

____ / ____ / ____
Date

Spouse's Signature (*optional*)

____ / ____ / ____
Date

***Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.
You should make a copy of this worksheet for your records.***