

Office of Financial Aid 2000 Fifth Avenue River Grove, IL 60171 (708) 456-0300 ext.3155

## 2018-19 V5 Aggregate Verification Worksheet

#### **Verification Information**

What is verification and why was I selected?

Verification is the process by which certain required information on the FAFSA is reviewed for accuracy and completeness.

Students are selected for verification for one of the following reasons:

- The Central Processing System found inconsistencies and/or potential errors in the student's FAFSA
- Random selection
- School selection

The Financial Aid Office will notify you if there is additional documentation needed or any other questions to be answered. After verification is complete, you will be notified about the amount of financial aid you are eligible to receive.

The Financial Aid Office cannot process your financial aid package until verification has been completed, so it is imperative that you provide the required documents as soon as possible.

#### **Section 1 – Student Information**

Name:	
Address:	
City, State, Zip Code:	
Phone Number:	
Cell Phone (if applicable):	
Email:	
Social Security Number:	
Date of Birth:	
	Continued on next page

#### Section 2 – Household Size and Number in College

	Ind	epend	lent	Stud	lent
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List the people in your household, including:

- Yourself, and your spouse if you have one
- Your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019.
- 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 from July 1, 2018 through June 30, 2019.

### □ Dependent Student

List the people in your parents' household, including:

- Yourself and your parent(s) (including step-parent), even if you don't live with your parents. If your parents are separated or divorced, list information for the parent from which you received more than half of your support.
- Your parents' other children, even if they don't live with your parent(s), if
  - o your parents will provide more than half of their support from July 1, 2018 through June 30, 2019, *or*
  - o the children would be required to provide parental information when applying for federal student aid.
- 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 from July 1, 2018 through June 30, 2019.

**Do not include:** Foster children, roommates, persons over the age of 24 who have their own income source (earnings, social security, public aid/TANF, etc.). Persons listed in your household over the age of 24 may be required to provide additional documentation to confirm you/your parent(s) (if dependent) are providing more than 50 percent support.

Write the name, age, and relationship of all household members. If applicable, write the name of the college, university, or program for any family member, excluding your parent(s), who will be attending at least half-time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. Attach a separate page if you need more space.

First and Last Name	Age	Relationship	College, University, or Program

Section 3– High School Co	mple	etion Status			
You must submit a final, offi Office.	icial l	High School	or GED tr	anscript to	the Admissions
Section 4 – Tax Forms and	d Inc	ome Informa	ntion		
Tax Filers					
Filed 2016 Taxes				Yes $\square$	No 🗖
Used IRS Data Retriev	al To	ol in FAFSA		Yes $\square$	No 🗖
If the IRS Data Retrieval Took from the IRS is required to pronline at <a href="www.irs.gov">www.irs.gov</a> or canot the same as copies of tax	ocess ıll 1-8	your FAFS <i>A</i> 300-908-994 <i>6</i>	. Contact	the IRS and	d request a copy
Non-Tax Filers List in the box below those i 2016 federal income tax returnin 2016 (use W-2 forms or other).	rn. A	Also list any e	employer(s		_
Note: By signing this docume file income taxes for 2016, from work as reported on the	and	both the sou	rce and a	•	_
☐ Student ☐ Mother (step-mother) ☐ Father (step-father)					
First and Last Name	Nar	ne of Employer		Amount B	Earned
Untaxed Income					

Both tax filers and non-tax filers must list any untaxed income received in 2016. Be sure to enter zeroes if no funds were received. Failure to complete this section will delay the processing of your financial aid.

Continued on next page....

Student and/or Spouse		Parents (including step-parent)
\$	Payments to tax-deferred pensions and savings plans (paid directly or withheld from earnings) including but not limited to, amounts reported on W-2 Form Box 12a – 12d codes D, E, F,G, H and S.	\$
\$	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh, and other qualified 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 portions of IRA distributions from IRS Form 1040 – lines (15a minus 15b) or 1040A – lines (11a minus 11b). Exclude rollovers. If negative, enter a zero here. If entering a figure, please include a copy of the 1099R.	\$
\$	Untaxed portions of pensions from Form 1040 - lines (16a minus 16b) or 1040A - lines (12a minus 12b)	\$

Do not complete this section in advance. This section must be completed and signed:

- o In the presence of a Notary Public if you are not submitting this paperwork to the Financial Aid Office in person, or
- o In the presence of an approved representative of the Financial Aid Office if you are submitting this paperwork to the Financial Aid Office in person.

You must present a valid, unexpired, government-issued photo identification document (Driver's License, State ID or Passport).

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I will use all federal and state funds I reattendance of the 2018-19 academic year	eceive to pay the costs associated with not at Triton College.		
Student Signature	Date		
To be completed by Financial Aid Adn	ninistrator if submitting in person:		
Financial Aid Officer Name Printed	Financial Aid Officer Title		
Financial Aid Officer Signature	Date		
To be completed by a Notary Public if	submitting by mail:		
State	County		
Notary Public Name Printed	Notary Public Name Signed		
	Seal:		
Signature(s) Required			
By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and accurate. If dependent, at least one parent must sign.	WARNING: If you purposely give false or misleading information you may be fined, sentenced to jail, or both.		
Student Signature	Date		

Parent Signature (dependent students only)	Date