



2015-2016 Independent V5 Worksheet (Aggregate Verification)

Hand deliver or mail original:
 Financial Aid Office
 Eastern Wyoming College
 3200 West C Street
 Torrington, WY 82240

Your application has been selected for review in a process called "Verification". In this process, the information from your Free Application for Federal Student Aid (FAFSA) will be compared with your and your spouse's (if applicable) Federal IRS tax information as well as other financial documents. If there are differences, your FAFSA information may need to be corrected. You and your spouse (if applicable) must complete and sign this worksheet, attach all required documents and submit to the Financial Aid Office at EWC.

STUDENT INFORMATION

Last Name	First Name	M.I.	EWC Student ID Number
Address (include apartment number)			Social Security Number (last four digits)
City, ST, Zip			Phone Number (include area code)

FAMILY INFORMATION

Fill in the information below about the people you and your spouse (if applicable) will support between July 1, 2015 and June 30, 2016. **INCLUDE YOURSELF, YOUR SPOUSE (if applicable), YOUR CHILDREN AND ANY OTHERS WHO RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOU.** List the name of the college others will be **attending if they are enrolled in a degree, diploma, or certificate program for at least six credits per term between July 1, 2015 and June 30, 2016.**

Full name of household member	Age	Relationship to student	College attending
		<i>Self</i>	<i>EWC</i>

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)/FOOD STAMPS

Did anyone in your household (listed above) receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly food stamps) in 2013 **OR** 2014?

No Yes If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

CHILD SUPPORT PAID

Did either you or your spouse (if applicable) PAY child support in 2014 for any children NOT listed above as a household member?

No Yes If "yes", complete box below. If asked by my school, I will provide documentation of child support payment.

Name of person who PAID child support	Name of person to whom child support was paid	Name and age of child for whom child support was paid	Total annual amount of child support paid in 2014
			\$
			\$
			\$
			\$



INCOME VERIFICATION

The easiest way to verify income is to use the IRS Data Retrieval Tool when completing or updating your FAFSA on the federal web site. If you did not use the IRS Data Retrieval Tool when completing or updating the FAFSA, you must provide an IRS Tax Return Transcript. **Due to changes in federal regulations, schools can no longer accept photocopies of tax returns. To request an IRS Tax Return Transcript please visit www.irs.gov/Individuals/Get-Transcript to download and print your transcript immediately, or request the transcript be mailed to your address on record.** Be sure to request a Tax Return Transcript, **NOT** an Account Transcript. If you or your parent(s) did not and will not file a 2014 Federal tax return, please check the appropriate box below. Please provide W-2 forms if you worked, but were not required to file a tax return.

STUDENT (and SPOUSE, if applicable) INCOME

- I used the IRS Data Retrieval process when completing/updating the 2015-2016 FAFSA.
- My and my spouse's (if applicable) 2014 Federal IRS Tax Return Transcript(s) is attached. (Foreign tax return filers may submit signed photocopies.) **See Income Verification section above for important details.**
- I was not employed and had no income earned from work in 2014.
- I worked in 2014 but was not required to file a tax return. **My 2014 W-2s are enclosed.** My earnings were: \$ _____
- *If you received income earned from the Federal Work-Study Program, need-based employment portions of fellowships and assistantships, or a cooperative education program offered by a college in 2014, write in the type and amount you actually included on your 2014 Federal tax return: Type: _____ \$ _____*
- My spouse was not employed and had no income earned from work in 2014.
- My spouse worked in 2014 but was not required to file a tax return. **My spouse's 2014 W-2s are enclosed.** My spouse's earnings were: \$ _____

UNTAXED INCOME INFORMATION

Fill in the information below as it applies to the student AND the student's parent(s) whose information is on the FAFSA. **DO NOT LEAVE ANY ITEM BLANK.** If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter \$0 in an area where an amount is requested.

ALL AMOUNTS ARE ANNUAL. To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2014, multiply that amount by the number of months in 2014 you paid or received it. If you did not pay or receive the same amount each month in 2014, add together the amounts you paid or received each month.

If more space is needed for any item, attach a separate page with student's name, ID # and appropriate information.

A. Payments to tax-deferred pension and retirement savings

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans, including, but not limited to, amounts reported on W-2 forms (Boxes 12a through 12d with codes D, E, F, G, H, and S). **Copies of all W-2 forms must be attached.**

Name of person who made payment	Total amount paid in 2014
	\$
	\$
	\$

B. Child support received

List the actual amount of any child support RECEIVED in 2014 for any children listed as a household member?

Name of adult who received the child support payment	Name of child for whom child support was paid	Total <u>annual</u> amount of child support received in 2014
		\$
		\$
		\$
		\$

C. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received.

Name of recipient	Type of benefit received	Total amount of benefit received in 2014
		\$
		\$
		\$

D. Veterans non-education benefitsList the total amount of veterans non-education benefits received in 2014. **Include** Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **DO NOT include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of recipient	Type of Veterans non-education benefit received	Total amount of benefit received in 2014
		\$
		\$

E. Other untaxed incomeList the amount of other untaxed income not reported and not excluded elsewhere on this form. **Include** items such as disability, workers' compensation, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **DO NOT include** student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of recipient	Type of other untaxed income received	Total amount of other untaxed income received in 2014
		\$
		\$

F. Money received or paid on the student's behalfList any money received or paid on the student's behalf (e.g., payment of a bill) not reported elsewhere on this form. **Include** support from a parent whose information was NOT on the student's FAFSA, but **DO NOT include** information from a parent whose information IS included on the FAFSA. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or student's parents, such as grandparent, aunts and uncles of the student.

Purpose (e.g., cash, rent, books, cell phone bill, car insurance, etc.)	Source of payment (parent NOT on FAFSA, grandparent, etc.)	Total amount received in 2014
		\$
		\$

G. Additional information

So that we may fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, low-income housing, SNAP, TANF, WIC, Supplemental Security Income, etc.

Purpose (e.g., cash, rent, books, cell phone bill, car insurance, etc.)	Source of payment (parent NOT on FAFSA, grandparent, etc.)	Total amount received in 2014
		\$
		\$
		\$

Additional explanation of how your family supported itself in 2014: _____

HIGH SCHOOL COMPLETION STATUS

Please provide **ONE** of the following documents that indicate your high school completion status when you will begin college in 2015-2016 and submit it with this form and any other documentation requested.

- A copy of your high school diploma.
- Your final official high school transcript that shows the date when the diploma was awarded.
- Your official General Educational Development (GED)* certificate or transcript.
Documentation of the HiSET/TASC or other high school equivalency exam is also acceptable.
- An official academic transcript that indicates you successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
Please note: Credits transferred in from previous institutions attended may affect your maximum time frame calculation as defined in EWC's Satisfactory Academic Progress Policy.
- If you were home schooled in Wyoming, a copy of your transcript or the equivalent, signed by a parent or guardian, along with EWC's *Completion of Secondary Education Form for Home Schooled Students*.
- If you were home schooled in another state and your state requires home schooled students to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a copy of that credential.

If you are unable to obtain any of the forms of documentation listed above, please contact the Financial Aid Office.

CERTIFICATIONS AND SIGNATURES

By signing this worksheet, we certify that all of the information reported is complete and correct. We also acknowledge that we have read and agree to comply with all verification policies as stated by EWC. **Failure to submit information in a timely fashion may result in the application being filed as inactive** with no further consideration and no federal aid for the academic year. Student and one parent must sign:

Student's signature

Date

Parent's signature

Date

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

COMPLETE ATTACHED FORM ALSO—READ DIRECTIONS CAREFULLY



2015-2016 IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

The student must 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. **The institution 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 the institution authorized to collect the student's ID.**

In addition, the following statement **MUST** be completed and signed in the presence of either a Financial Aid Administrator at Eastern Wyoming College, an Outreach Coordinator at EWC or a Notary Public.

DO NOT COMPLETE THIS FORM IN ADVANCE.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(print student's name)
 Statement of 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 Eastern Wyoming College for 2015-2016.

Student signature: _____

Date: _____ **Student ID #:** _____

Declaración de Propósito Educativo

*Certifico que yo, _____ soy el individuo que firma esta
(Imprimir Nombre del Estudiante)
 Declaración de Finalidad Educativa y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a Eastern Wyoming College para 2015-2016.*

Firma del Estudiante: _____

La Fecha: _____ **Número de Identificación del Estudiante:** _____

IF SUBMITTING IN PERSON	IF SUBMITTING BY MAIL
Present this form with original valid government-issued photo ID, such as, but not limited to, a driver's license, other state issued ID, or passport.	Submit this original notarized form with photocopy of valid government-issued photo ID to EWC.
To be completed by EWC Financial Aid Administrator or EWC Outreach Coordinator (FAA/OC):	To be completed by Notary Public:
ID Type:	State of: _____ City/County of: _____
ID Number:	On (date): _____
Exp: _____	Before me: <small>(notary's name)</small>
FAA/OC Name:	Personally appeared <small>(printed name of signer)</small> :
FAA/OC Title/location:	On basis of satisfactory evidence of identification: <small>(Type of government-issued photo ID provided)</small>
FAA/OC Signature:	To be the above-named person who signed the foregoing instrument.
Date:	Notary signature: _____

WITNESS my hand and official seal:

My commission expires on: _____