

2017-2018 Independent Aggregate Verification Worksheet (V5)

Your 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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this verification form. If there are differences, your FAFSA information will be corrected electronically. We may ask for additional information. If you have questions about verification please contact us at (605) 455-6037.

A. STUDENT INFORMATION:

STUDENT NAME: _____ Student I.D _____ SSN: _____

STREET ADDRESS: _____ CITY/STATE/ZIP: _____

DATE OF BIRTH: _____ EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____ CELL PHONE NUMBER: _____

B. FAMILY HOUSEHOLD INFORMATION:

List the following people below:

- The student
- The Student Spouse's, 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, 2017, through June 30, 2018, or even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse will provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Number in College: Include below information about, any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2017, and June 30, 2018, include the name of the college.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Oglala Lakota College</i>	<i>Yes or No</i>

C.EARNED INCOME (STUDENT)

_____ **YES**, you and/or your spouse filed a 2015 Federal income tax return. Check the box that applies:

You and/or your spouse have used the IRS Data Retrieval Tool in *FAFSA on the Web* to transfer 2015 IRS income tax return information into the student’s FAFSA.

To obtain a **2015 IRS Tax Return Transcript**, go to <http://www.irs.gov/Individuals/Get-Transcript> and click on the “Get Transcript ONLINE” link, or call 1-800-908-9946. Make sure to request the “IRS Tax Transcript”.

If the student or spouse filed separate 2015 IRS income tax returns, **2015 IRS Tax Return Transcripts** must be provided for both.

_____ Check here if a **2015 IRS Tax Return Transcript(s)** is provided

_____ Check here if a **2015 IRS Tax Return Transcript(s)** will be provided later.

D.INCOME INFORMATION FOR STUDENT NONTAXFILERS

_____ **NO**, the student and spouse was not employed and had no income earned from work in 2015.

_____ **NO**, the student and spouse did not file and was not required to file a 2015 income tax return, but had earnings from work.

Report the earnings below and attach all **2015 W-2** forms.

Employer’s Name	2015 Amount Earned	IRS W-2 Provided?
	\$	Yes or No
	\$	Yes or No
	\$	Yes or No

Note: We may require you to provide documentation from the IRS that indicates a 2015 IRS Income tax return was not file with the IRS.

E.CHILD SUPPORT PAID

The student or spouse, who is a member of the student’ household, paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

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 in 2015
			\$
			\$
			\$

Note: If we have reason to believe that the information regarding the child support paid is inaccurate, we may require additional documentation such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

F. RECEIPT OF SNAP BENEFITS

The student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2015. SNAP may be known by another name in some states. For assistance in determining, the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- 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 the children's support from July 1, 2017, through June 30, 2018, 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 the other people's support and will continue to provide more than half of the support through June 30, 2018.

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 issued the SNAP benefits in 2015.

_____ **NO**, the student or spouse or anyone in the household **did not** received SNAP benefits anytime during 2015 .

G. CUSTOM VERIFICATION

Provide one of the following documents that indicate the student's high school education completion status when the student begins college in 2017-2018.

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Education Development (GED) certificate or GED Transcript.
- An academic transcript that indicates the student successfully completed at least a two-year college program that is acceptable for full credit toward a bachelor's degree.
- If State Law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State Law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, which lists the secondary school education in a homeschool setting.

Your estimated financial aid offer cannot be finalized and disbursed until all documents are received. If you have questions or need assistance, please contact the Office of Financial Aid.

H. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE:

This form must be signed in the presence of a financial aid officer at Oglala Lakota College or be signed in the presence of a notary.

If you bring this form into the Financial Aid Office:

The student must appear in person 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. The institution will maintain a copy of the student's photo that is annotated with the date it was received and the name of the official at the Oglala Lakota College authorized to collect the student's ID.

If you have it notarized:

the student can complete section B in the presence of a notary and return it to the Office of Financial Aid.

All documentation requested must be received and reviewed before your financial aid can be finalized and disbursed. If you have questions or need assistance please contact the Office of Financial Aid.

I. SECTION A Statement of Education Purpose

I certify that I, _____ am the individual signing this Statement of Educational Purpose and
(Print Student's Name)
that the federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending Oglala Lakota College for 2017-2018.

Student's Signature: _____ Date: _____

Student SSN: _____

Oglala Lakota College verifying official: _____ Date: _____

J.

SECTION B

If the student is unable to appear in person at the Oglala Lakota College Financial Aid Office to verify his or her identity, the student must provide:

- a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- b) The original notarized Statement of Educational Purpose provided below:

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement of Educational Purpose and that
(Print Student's Name)

the Federal student financial aid assistance I may receive will only be used for educational purposes and to pay the cost of attending Oglala Lakota College for 2017-2018.

Student's Signature: _____ Date: _____

Notary's Certification of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally
(Date) (Notary's Name)

Appeared, _____ and provided me on basis of satisfactory evidence of
(Print name of signer)

Identification _____ to be the above-named person who signed the foregoing
(Type of government- issued photo ID provided)

signed the foregoing instrument.

WITNESS my hand and official seal

(Seal)

Notary signature

My commission expires on _____
Date

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.

If the student was required to provide parental information on the FAFSA answer, each question below as it applies to the student and the student's parent(s) whose information is on the FAFSA.

If the student was not required to provide parental information on the FAFSA, answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed, provide a separate page with the student's name and ID number at the top.

K. PAYMENTS TO TAX-DEFERRED PENSION AND RETIREMENT SAVINGS

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans) e.g., 401(k) or 403(b) plans), including, but not limited to, amount reported on W-2 forms in Boxes 12a through 12b with codes D,E,F,G,H and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

L. CHILD SUPPORT RECEIVED

List the actual amount of any child support received in 2015 for the children in your household.

Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2015

M. HOUSING, FOOD, AND OTHER LIVING ALLOWANCES PAID TO MEMBERS OF THE MILITARY, CLERGY, AND OTHERS INCLUDE CASE PAYMENTS AND/OR THE CASH VALUE OF BENEFITS RECEIVED.

Do not include the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit received in 2015

N. VETERANS NON-EDUCATION BENEFITS

List the amount of verterans non-education benefits received in 2015. 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	Amount of Benefit Received in 2015

O. OTHER UNTAXED INCOME

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings account from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

Do not include any items reported or excluded in A—D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistant 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	Amount of Other Untaxed Income Received in 2015

P. MONEY RECEIVED OR PAID ON THE STUDENT’S BEHALF

List any money received or paid on the student’s behalf (e.g., payment of student’s bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2015. Include support from a parent whose information was not reported on the student’s 2017-2018 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of person’s contributions unless the person is the student’s parent whose information is reported on student’s 2017-2018 FAFSA. Amount paid on the student’s behalf also include any distractions to the student from a 529 plan owned by someone other than the student or the student’s parents, such as grandparents, aunts, and uncles of the student.

Purpose: e.g., Cash, Rent, Books	Amount Received in 2015	Source

Q. ADDITIONAL INFORMATION:

That we can 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, SNAP, TANF, etc.

If more space is needed, provide a separate pager with the student’s name and ID number at the top

Name of Recipient	Type of Financial Support	Amount of Financial Support Received in 2015

Comments:

R. CERTIFICATION AND SIGNATURES:

Each person signing below certifies that all of the verification information reported is complete and correct. The student **must** sign and date.

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

Print Student's Name

Student's Social Security Number

STUDENT SIGNATURE: _____ DATE: _____

SPOUSE'S SIGNATURE: _____ DATE: _____

All documentation requested must be received and reviewed before your financial aid can be finalized and disbursed. If you have questions or need assistance, please contact the Office of Financial Aid.