



2017-2018 INDEPENDENT AGGREGATE VERIFICATION GROUP (V5) FORM



A. Instructions

Clearly print and complete **ALL** information. Do not leave any items blank; enter "N/A" if not applicable. If more space is needed for any of the sections, provide a separate sheet that includes the information. Include student's name and J-Number at the top of each sheet.

B. Student's Household and College Information

List below the people in the student's household; include: (1) the student; (2) the student's spouse if married; (3) the student's children/step children and the student or spouse, if married, provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017 and (4) other people if they now live with the student and the student or spouse provides more than half their support through June 30, 2017 and will continue between July 1, 2016 through June 30, 2017; and (5) include any household member who is, or will be, enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016, and June 30, 2017. Attach Separate Sheet if needed.

Full Name	Age	Relationship To Student	College	Will Be Enrolled At Least Half-Time (Yes Or No)
		SELF	JACKSON STATE NIVERSITY	YES

C. Supplemental Nutrition Assistance Program (SNAP)

Did the student or any member of the student's household listed in Section B receive benefits from the Supplemental Nutrition Assistance Program (SNAP) during the calendar year of 2014 or 2015? (Check Yes or No): ____ Yes, list name: _____; ____ No, (continue to Section D)

D. Child Support Paid

Did the student or a member of the student's household pay child support due to a "Court Mandated" requirement in 2015? (Check Yes or No, ____ Yes or ____ No.) If "Yes", complete the table below. If No, write "0" in the <u>Amount Paid</u> in the table below and continue to Section E.

Name Of Person Who Paid Child Support	Name Of Person To Whom Child Support Was Paid	Name Of Child For Whom Support Was Paid	Age Of Child	Annual Amount Of Child Support Paid In 2015 \$
	То	tal Amount Of Child Support Pa	id	\$

		J
(Student's Last Name)	(Student's First Name)	(Student's J-Number)

E. Verification of 2015 Income Information for Student Tax Filers

TAX FILERS: Complete this section if the student and spouse, if married, filed or will file a 2015 IRS income tax return.

Check the box that applies:

- The student has used the IRS DRT in FAFSA on the Web to transfer their 2015 IRS income tax return information into the student's FAFSA.
- □ The student has not yet used the IRS DRT in FAFSA on the Web, but will use the tool to transfer their 2015 IRS income tax return information into the student's FAFSA once the 2015 IRS income tax return has been filed.
- The student is unable or chooses not to use the IRS DRT in FAFSA on the Web, and instead will provide the school with their 2015 IRS Tax Return Transcript(s).

If the student and spouse, if married, <u>FILED SEPARATE</u> 2015 IRS income tax returns, a 2015 IRS Tax Return Transcripts must be provided for each.

Check the box that applies:

- 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.

You must use your and your spouse's, if married, 2015 Federal Tax Return to complete the chart below (enter "0" if no funds received).

Untaxed Assistance Received	Student and Spouse	Amount Received in 2015
Untaxed portions of IRA distributions from IRS Form 1040—lines (15a minus 15b) or 1040A—lines (11a minus 11b). Exclude rollovers. If	Student	\$
negative, enter a zero here.	Spouse	\$
Untaxed portions of pensions from IRS Form 1040—lines (16a minus 16b) or 1040A—lines (12a minus 12b). Exclude rollovers. If negative,	Student	\$
enter a zero here.	Spouse	\$
IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040—line 28 + line 32 or 1040A—		\$
line 17.	Spouse	\$
Tax exempt interest income from IRS Form 1040—line 8b or 1040A—line 8b.		\$
	Spouse	\$
Education credits (American Opportunity Tax Credit and Lifetime Learning Tax Credit) from IRS Form 1040—line 50 or 1040A— line 33.		\$
	Spouse	\$

		J
(Student's Last Name)	(Student's First Name)	(Student's J-Number)

F. Verification of 2015 Income Information for Student Non-Tax Filers

<u>NON-TAX FILERS</u>: Complete this section if the student and spouse, if married, will not file and are not required to file a 2015 income tax return with the IRS.

Check the box that applies:

D The student was not employed and had no income earned from work in 2015.

D The spouse was not employed and had no income earned from work in 2015.

The student and spouse, if married, were employed in 2015 but were not required to file a 2015 federal tax return: (1) list below the names of all employers, (2) the amount of income earned from each employer; and (3) indicate whether the IRS W-2 form(s) are attached.

NOTE: List every employer even if the employer did not issue a W-2 form. Copies of all 2015 IRS W-2 forms issued to the student and spouse, if married, must be submitted to the Financial Aid Office.

Employer's Name	Annual Amount Earned in 2015	IRS W-2 Form Attached? (Yes or No)
JSU Financial Aid Office (example)	\$ 4,500.00	Yes
Total Amount of Income Earned From Work	\$	

G. HIGH SCHOOL COMPLETION STATUS

Provide <u>one</u> of the following documents to indicate the student's high school completion status when the student will begin 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 Educational Development (GED) certificate, an official GED transcript that indicates that the student passed the exam, or a state-authorized high school equivalent certificate.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.

		J
(Student's Last Name)	(Student's First Name)	(Student's J-Number)

- 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.
- For a homeschooled student from a state where state law requires the student 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.
- For a homeschooled student from a state where state law does not require the student to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a home school setting.

Note: A student who is unable to obtain the documentation listed above must contact the JSU Financial Aid Office at 601-979-2227 or email at <u>finaid@jsums.edu</u>.

H. CERTIFICATION

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

WARNING: If an individual purposely gives false or misleading information on this worksheet, he/she may be fined, be sentenced to Jail, or both.

(Student's Contact Phone Number)		(Student's E-Mail Address)	
(Student's Street Address - Include	e Apt. Number		
(City)	(State)	(Zip Code)	
(Student's Date of Birth)		(Student's Social Security Number)	
(Student's Signature)		(Date)	

STUDENT'S NAME: _____

J-NUMBER:

to verify his or her

I. ALL STUDENTS <u>MUST</u> COMPLETE THE IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE BELOW

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed at the Institution)

The student must appear in person at ____

(Name of Postsecondary Educational Institution)

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 by the institution with the date it was received and reviewed and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at _____

(Name of Postsecondary Educational Institution)

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 or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; **AND** (b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____

_____ am the individual signing
(Print Student's Name)

this 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

	for 2017-2018.
(Name of Postsecondary Educ	ational Institution)
(Student's Signature)	(Date)
(Student's ID Number)	
NOTARY'S CERT	TIFICATE OF ACKNOWLEDGEMENT
Notary's c	ertification may vary by State
State of	
City/County of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and proved to me
(Pri	nted name of signer)
on basis of satisfactory evidence of identification.	-
·	(Type of government-issued photo ID provided)
to be the above-named person who signed the fo	pregoing instrument.
WITNESS my hand and official seal	
(SEAL)	(Notary signature)
My commission expires on	
(Date)	—

STUDENT'S NAME: _ J.

J-NUMBER:

Verificación de Identidad y Declaración de Propósito Educativo (Para ser firmadas en la institución)

El estudiante debe comparecer en persona en ___

_____ para comprobar (Nombre de la institución educativa postsecundaria)

su identidad mediante la presentación de una identificación con fotografía (ID) válida emitida por el gobierno, como una licencia de conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros. La institución conservará una copia de la identificación con fotografía del estudiante y anotará en ella la fecha en la que se recibió y revisó, y el nombre del funcionario de la institución autorizado a recolectar las identificaciones de los estudiantes. Además, el estudiante debe firmar, en presencia del funcionario de la institución, la Declaración de Propósito Educativo proporcionada a continuación.

Verificación de Identidad y Declaración de Propósito Educativo (Para ser firmadas en la presencia de un notario)

Si el estudiante no es capaz de comparecer en persona en _____

(Nombre de la institución educativa postsecundaria)

_ para

comprobar su identidad, debe proporcionar:

(a) Una copia de la de identificación con fotografía (ID) válida emitida por el gobierno, que se reconoce en la declaración del notario que aparece a continuación, o que se presenta ante un notario, como una licencia de conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros; y (b) La Declaración de Propósito Educativo original proporcionada a continuación debe ser notariada. Si la declaración del notario aparece en una página separada de la Declaración de Propósito Educativo, se debe indicar de manera clara que la Declaración de Propósito Educativo era el documento notariado.

	aración de Propósito Educativo
	, soy el individuo que firma esta Declaración de Propósito
[Imprimir Nombre del Estudi	-
Educativo y que la ayuda financiera federal e	studiantil que yo pueda recibir, sólo será utilizada para fines educativos y
para pagar el costo de asistir a	
[Imprimir Nombre de Insti	itución Educativa Postsecundaria]
[Firma del Estudiante]	[la Fecha]
[Número de Identificación del Estudiante]	
NOTARY'S CERT	TIFICATE OF ACKNOWLEDGEMENT
Notary	y's certification may vary by State
State of	
City/County of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and proved to me
	(Printed name of signer)
on basis of satisfactory evidence of identifica	
	(Type of government-issued photo ID provided)
to be the above-named person who signed t	he foregoing instrument.
WITNESS my hand and official seal	
(SEAL)	
	(Notary signature)
My commission expires on	
(Date)	