

A. Student's Information

University of the Virgin Islands - Office of Financial Aid 2022-2023 AGGREGATE Verification Worksheet

V5 Dependent

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states that before any Federal Student aid can be awarded, you and your parent(s) must provide copies of <u>2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules and W-2 form(s) or Verification of Non-Filing Letter and other required documents to your school. The documents will be used to verify that the information reported on your FAFSA is correct. Any discrepancies will result in revision of your FAFSA. You must complete and sign the worksheet, attach all required documents, and submit to the University of the Virgin Islands Financial Aid Office. If you have questions about verification, contact us at <u>financialaidstx@uvi.edu</u> or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 340-693-1090. St. Thomas.</u>

What you should do

- Talk to your financial aid administrator if you have any questions about completing this worksheet.
- 2. Complete and sign the worksheet you and at least one parent.
- Submit the completed worksheet, <u>2020 Tax Return</u> <u>transcript(s) or a signed copy of the 2020 tax return</u>, <u>applicable schedules</u>, W-2 form(s) and any other required documents your school requests to your financial aid administrator.
- 4. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. You or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

[•] Tax filers must submit the <u>2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules</u> and W-2 form(s)

* PARENTAL Non-tax filers must submit a Verification of Non-Filing Letter from the IRS

			I	
Last Name	First Name	M.I.	Last 4 Digits of SSN	ID Number
Mailing Address			Date of Birth	
City	State	Zip Code	Email Address	
Home Phone Number (include a	area code)		Alternate or Cell Phone Number	

B. Dependent Student's Family Information

List below the people in your <u>parents' household</u>. Include:

- Yourself and your parents (including a step-parent) even if you don't live with your parents.
- Your parents' other children if your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. Include children who meet either of these standards, even if they do not live with your parents.
- 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, 2022 through June 30, 2023.

Include the name of the college for any household member, excluding your parents, who will be enrolled, <u>at least half time (six credit hours)</u>, which is in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022 and June 30, 2023. *If more space is needed, attach a separate page with the student's name and UVI student ID number at the top.*

Full Name	Age	Relationship	College/University	Will be Enrolled at least half time (6 or more credits)
Missy Jones (example)	18	Sister	Central University	Yes
		Self	University of the Virgin Islands	

Note: Additional documentation for the household member(s) enrolled at an eligible postsecondary educational institution may be required.

Sections C & D are left intentionally blank

C. Dependent Student | 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 income tax return and applicable schedules

D. Parent(s) | 2020 IRS Tax Return Transcript(s) or a signed copy of the 2020 income tax return and applicable schedules

E. Identity and Statement of Educational Purpose (See Enclosed Supplement Form) Student's Information

ID#

- If you are able to submit this form in person, you <u>must</u> complete Section H Part 1 in the presence of your Financial Aid Officer at your school.
- If you are unable to submit this form in person, you <u>must</u> complete Section H Part 2 in the presence of a Notary Public and mail the
- completed form and notarized document to your school's Financial Aid Office.

F. Certification & Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct. The student and one parent must sign this worksheet.

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

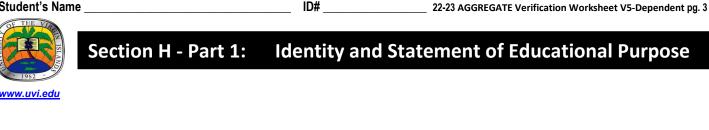
Student's Signature

Date

Parent's Signature

Date

Student's Name



Last Name

First Name

M.I. Social Security Number **ID** Number

If you are able to submit this form in person, you must complete Section H - Part 1 in the presence of your Financial Aid Officer at your school.

University of the Virgin Islands The student must appear in person at to verify (Name of Postsecondary Educational Institution)

his or her identity by presenting a valid, not expired, 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 student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I		am the individual signing	g this		
	(Print Student's Name)				
Statement of Educational	Purpose and that the federal st	udent financial assistance I may recei	ve will only be used for		
educational purposes and	to pay the cost of attending	University of the Virgin Islands	for 2022-2023.		
		(Name of Postsecondary Educational Institution)			
(Studen	t's Signature)	(Student's ID Number)	(Date)		
	Off	ice Use Only			
	Officer's Name	Financial Aid Officer's Signature	Date		
Financial Aid	Officer's Name	Financial Aid Officer's Signature	Date		



Section H - Part 2: Identity and Statement of Educational Purpose

Last Name	First Name	M.I. Social Security Number	er ID Number
	omit this form in person, you <u>r</u> tarized documents to your scl	<u>must</u> complete Section H - Part 2 in	n the presence of a Nota
ublic and mail the hol	tarized documents to your sci	noor's Financial Ald Office.	
the student is unable to	o appear in person at	University of the Virgin Islands (Name of Postsecondary Educational Institu	to
erify his or her identity,	the student must provide:		
	• • •	ed photo identification (ID) that is a	-
notary statemen and	It below , such as, but not limited	t to, a <u>driver's license</u> , <u>other state-iss</u>	ued ID, or passport;
(b) The original nota	arized Statement of Educational	Purpose provided below.	
	Statement of E	ducational Purpose	
I certify that I		am the individual s	signing this
atement of Educationa	Il Purpose and that the federal s	tudent financial assistance I may rece	eive will only be used for
lucational purposes an	d to pay the cost of attending	University of the Virgin Islands	for 2022-2023.
		(Name of Postsecondary Educational Ins	titution)
((Student's Signature)	(Student's ID Number)	(Date)
		(Student's ID Number)	
<u>N</u>		of Acknowledgemen	<u>t</u>
Normal State of	otary's Certificate , City/Co	of Acknowledgemen	<u>t</u>
N	otary's Certificate , City/Co	of Acknowledgemen	<u>t</u>
<u>N</u> State of On <i>(Date)</i>	otary's Certificate , City/Co , before me,	of Acknowledgemen	t eared,
N State of On (Date) (Printed name of signer)	otary's Certificate , City/Co , before me,, and p	of Acknowledgemen ounty of, personally app <i>(Notary's name)</i> provided to me on basis of satisfactor	t eared, y evidence of
N State of On (Date) (Printed name of signer)	otary's Certificate , City/Co , before me,, and p	of Acknowledgemen	t eared, y evidence of
N State of On (Date) (Printed name of signer)	otary's Certificate	of Acknowledgemen ounty of, personally app <i>(Notary's name)</i> provided to me on basis of satisfactor	t eared, y evidence of
N State of On (Date) (Printed name of signer) Identification	otary's Certificate	of Acknowledgemen ounty of, personally app <i>(Notary's name)</i> provided to me on basis of satisfactor	t eared, y evidence of
N State of On (Date) (Printed name of signer) Identification (who signed the forego	otary's Certificate	of Acknowledgemen	t eared, y evidence of d person
N State of On (Date) (Printed name of signer) Identification (who signed the forego WITNESS my hand a (seal)	otary's Certificate	of Acknowledgemen	t eared, y evidence of