

Tysons Campus 8620 Westwood Center Dr.

Vienna, VA 22182 Tel. 703-206-0508 Fax. 703-206-0488

2023-2024 V5 Independent Aggregate Worksheet

Your 2023 –2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, Columbia College Office of Student Financial Aid (CC OSFA) may ask you to confirm the information you (and your spouse, if you married) reported on your FAFSA. To verify that you provided the correct information, CC OSFA will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You (and your spouse, if you married) whose information was submitted on the FAFSA, must complete and sign this worksheet, attach any required documents, and submit this form and the required documents to CC OSFA. After a review of the information you submit, the CC OSFA may still ask for additional information. If you have questions about verification, contact the CC OSFA as soon as possible so that the processing of your financial aid will not be delayed.

ast Name	Middle Initial	First Name		Social Security Number
Street Address (include apt. #)				Date Of Birth (MM/DD/YYYY)
City		State	ZipCode	Primary Phone

B. Student's Family Information

A. Student's Information

List the members of your household below. Be sure to include:

- Yourself on the first line below.
- Your spouse, if you are married. (In accordance with the Defense of Marriage Act (DOMA), <u>same sex couples</u> must report their marital status <u>as married</u> if they were legally married in a state or other jurisdiction (foreign country) that permits same-sex marriage, without regard to where the couple resides).
- Your children (if any) and your spouse's children, if you and/or your spouse will provide more than half of their support from July 1, 2023 through June 30, 2024, even if the children do not live with you.
- Other people if they now live with you and you and/or your spouse <u>provide more than half of their support</u> and <u>will</u> continue to provide more than half of their support through June 30, 2024.

In the space below, please include the information about 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, 2023 and June 30, 2024** and include the name of the college. *If more space is needed, attach a separate sheet of paper*.

First and last name of family member	Age	Relationship to student	Name of <u>college</u> the person will attend <u>at least half-time</u> between 07/01/23 -06/30/24:
		Self	Columbia College

Note: The CC OSFA may require additional documentation if there is reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

tudent Name:				
C. Student's Income Information to Be Verified				
TAX RETURN FILERS				
*IMPORTANT: If you (or your spouse, if married) filed, or will file, an extension, an amended or foreign 2021 IRS tax return, p				
contact the CC OSFA before completing this section. *INSTRUCTIONS: Complete this section if you (and spouse, if married), filed or will file a 2021 income tax return w				
*INSTRUCTIONS: Complete this section if you (a best way to verify income is by using the IRS Described you should go to fafsa.gov, log-in to your FAF. section of the form. From there, follow the interest transfer 2021 IRS income tax information into three weeks for IRS income information to be tax return filers. If you need more information 1-800-4FED-AID (or 1-800-433-3243).	nata Retrieval Tool when applying for FAFS. SA record, select <u>"Make FAFSA Corrections</u> Instructions <u>to determine if you are eligibl</u> To your FAFSA. In most cases, for electron To available for the IRS Data Retrieval Too	A. If you <u>have not</u> alread ," navigate to the <u>Finan</u> <u>e to use the IRS Data F</u> ic IRS tax return filers, bl, and <u>six to eight wee</u>	dy used the tool, <u>cial Information</u> Retrieval Tool to it takes <u>two to</u>	
Check the box that applies:				
I <u>have used</u> the IRS Data Retrieval Tool in the into my FAFSA, either on the initial FAFSA of		married) 2021 IRS incor	ne information	
I <u>have not yet used</u> the IRS Data Retrieval T spouse's) 2021 IRS income information into		• •	ed, my	
See the instructions above for the information has been transferred into your FAFSA.				
I <u>am unable or choose not to use</u> the IRS Do return transcript—not a photocopy of the		omit to the CC OSFA a 20	021 IRS tax	
or call 1-800-908-9946. You may als Form 4506T-EZ or 4506-T. <u>Make sure</u> You will need your Social Security Nur one that you used when the 2021 IRS	ript, go to <u>www .irs.gov</u> , and under "Tools" o download the Apple or Google IRS Apple to request the "IRS tax return transcript" on the address on file tax return was filed). If you are married, were transcript must be submitted for both you are the took you are married, were transcript must be submitted for both you are married,	s online or submit a Pa and not the "IRS tax acco with the IRS <u>the (addre</u> and you and your spo	per Request IRS ount transcript." ss should be the	
A 2021 IRS tax return transcript is atto	ached to this worksheet.			
A 2021 IRS tax return transcript will be summited to the CC OSFA later. The CC OSFA cannot complete the process of financial aid until the IRS tax return transcript has been submitted to the CCOSFA.				
TAX RETURN <u>NONFILERS</u>				
Complete this section if you (and your spouse, if r	married), <u>will not file</u> and <u>is not required to</u> t	file a 2021 income tax re	turn with the IRS.	
Check the box that applies:				
I (and my spouse, if married) was not empl	oyed and had <u>no income</u> earned from work	c in 2021 .		
I (and/or my spouse, if married) was emple earned from each employer in 2021, and vissued to you (and to your spouse, if marrineeded, attach a separate sheet of paper.	whether an IRS W-2 form is attached. Attac	ch the copies of all 2021	IRS W-2 forms	
Employee's name (e.g. You and/or your spouse)	Employer's name	Amount earned in 2021	IRS W-2 attached? Y/N	
T-1-1				
Total amount of income earned from work: Note: The CCOSFA may require you to provide the documer	\$ ntation from the IRS that indicates your 2021 IRS	income tax return was not	filed with IRS.	

d	ent Name:		_						
	Student's Other Information to	Be Verified							
1	. Complete this section if the men	Complete this section if the member(s) in your household (listed in Section B) received benefits from the Supplemental Nutrition							
	Assistance Program (SNAP) or fo	od stamps any time during the 202	1 / 2022 calendar years.						
	*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 (or 1-800-433-3243).								
	Indicate the total amount of SNAP benefits received in 2021 / 2022 for any member of your household:								
	\$\$								
	-	2021 2022 Note: If the CC OSFAhas reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, additional							
		equested from the agency that issue	-		лиона				
2	. Complete this section if you (and	or your spouse, if married) paid c	hild support in 2021:						
_	child support and the name of support was paid, and the tota	l listed in Section B <u>paid</u> child suppor the person to whom the child suppor I annual amount of child support th umentation of the payment of child	ort was paid, the name(s) and age at was paid in 2021 for each child.	(s) of the child If asked by th	ren for whom child e CC OSFA, you may				
	Name of person who paid	Name of person to whom	Name of child for whom	Age of	Amount of child				
	child support	child support was paid	support was paid	child	support paid in 2021				
	Ex. Joe Jones	Jane Doe	Jake Jones	15	\$6,000				
J	ote: The CC OSFA may require addition	nal documentation if there is reason t	to believe that the information regar	ding child supp	ort paid is inaccurate.				
	High School Completion Status								
	You must provide <u>one</u> of the follo	wing documents to the CC OSFA ir	n order to verify your high school	completion.					
	A copy of high school diploma	or final official high school transcrip	pt that shows the date when the di	ploma was aw	arded.				
	·	received by the student after the stu ed examination) that the State re	•	•					
	Academic transcript that indication toward a bachelor's degree.	ates the student successfully compl	eted <u>at least</u> a two-year program	that is accepta	able for full credit				
	A copy of the "secondary school education in a foreign countr	ol leaving certificate" or other simila y.	ar document, for students who com	ipleted the sec	condary				
	education in a foreign countr	_	ary school completion credential fo						

the student is unable to appear in person, have a notary to complete the Notary's Certificate of Acknowledgement below.	dent Name:					
In order to complete the Verification process, you will need to appear in person at the CC OSFA and present an unexpired valid government-issued photo ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to the Office. The CC OSFA will need to validate the statement below at the time of submission by maintaining a copy of your proto ID and by providing a signature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your providing a signature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government-issued photo ID and this worksheet notarized by a public notary to the CC OSFA. Statement of Educational Purpose I certify that I,	Documentation of Identity/Statement of Educational Purpose	Documentation of Identity/Statement of Educational Purpose				
government-issued photo ID (such as a driver's license, millitary ID, passport, et.) and this verification worksheet to the Office. The CC OSFA will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your povernment-issued photo ID and this worksheet notorized by a public notory to the CC OSFA. Statement of Educational Purpose I certify that I,, and the individual signing this Statement of Educational Purpose and that the Federal (Student's Name) student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Columbia College for 2021-2022. Student's Signature	*****DO NOT COMPLETE THIS SECTION UNTIL YOU ARE EITHER IN PERSO	ON AT THE CC OSFA OR IN THE PRESENCE OF A NOTARY*****				
Statement of Educational Purpose I certify that I,	government-issued photo ID (such as a driver's license, military ID, pass OSFA will need to validate the statement below at the time of submissi signature and date. <i>If you cannot appear in person to submit this workshe</i>	vernment-issued photo ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to the Office. The CC FA will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a nature and date. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government-				
Student's Name) student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Columbia College for 2021-2022. Student's Signature						
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Columbia College for 2021-2022. Student's Signature	I certify that I,, am the individual sign	tify that I,, am the individual signing this Statement of Educational Purpose and that the Federal				
Student's Signature Date Financial Aid Staff's Signature OR Notary's Signature Date ***********************************	,	(Student's Name)				
Financial Aid Staff's Signature OR Notary's Signature Date ***********************************		, , , , , , , , , , , , , , , , , , ,				
Financial Aid Staff's Signature OR Notary's Signature Date ***********************************						
Financial Aid Staff's Signature OR Notary's Signature Date ***********************************	Chudaak's Cianahuus					
Notary's Signature Notary's Signature Date ***********************************	Student's Signature	Date				
Notary's Signature ***********************************	Financial Aid Staff's Signature	Date				
the student is unable to appear in person, have a notary to complete the Notary's Certificate of Acknowledgement below. ***********************************	OR					
******************************** the student is unable to appear in person, have a notary to complete the Notary's Certificate of Acknowledgement below. ***********************************	Notan/s Cignatura					
County of		**************				
On, before me,	State of					
(Date) (Title of the officer) , who proved to me on the basis of satisfactory evidence to be the person(s) whose (Name of the officer) name(s) is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.	County of					
(Date) (Title of the officer) , who proved to me on the basis of satisfactory evidence to be the person(s) whose (Name of the officer) name(s) is/are subscribed to the within instrument and acknowledged to me that he/she they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.	On before me.	. personally appeared				
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	the person(s) acted, executed the instrument.	e person(s) acted, executed the instrument.				
WITNESS my hand and official seal.	I certify under PENALTY OF PERJURY under the laws of the State of	certify under PENALTY OF PERJURY under the laws of the State of that the foregoing paragraph is true and correct.				
	WITNESS my hand and official seal.					
Signature of Notary Public (Seal)						

Stud	ent Name:							
н.	Certification and Signatures							
	orted on this form is complete and correct.							
	If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.							
	The student (and his or her spouse, if married) must sign and date below.							
								
	Student's Signature	Date						
	Spouse's Signature	Date						
	Submit this worksheet	to the CC OSFA.						
	You should make a copy of this wo	orksheet for your records.						