

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

V5 Independent

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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 spouse, if married, must provide copies of 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 financialaidstx@uvi.edu or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 340-693-1090, St. Thomas.

What you should do

- 1. Talk to your financial aid administrator if you have any questions about completing this worksheet.
- 2. Complete and sign the worksheet.
- 3. Submit the completed worksheet, 2020 Tax Return transcript(s) or a signed copy of the 2020 tax return, applicable schedules, 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	2020 Tax Return transcript(s		
and W-2 form(s)			

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

A. Student's Information	n			
			1	
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 ar	ea code)		Alternate or Cell Phone Numbe	r

B. Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2022 through June 30, 2023, or if the child would be required to provide your 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 you.
- Other people if they now live with you, you 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 who will be enrolled, least half time (six credit hours), 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)	
Marty Jones (example)	28	Spouse	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.					

dent's Name	ID#	22-23 AGGI	REGATE Verificatio	n Worksheet V5-Independent p
C. Student 2020 IRS Tax Return Transcrip	ot(s) or a signed copy o	f the 2020 income tax	ง return and app	olicable schedules
2020 IRS Tax Return Transcript(s)	or a signed copy of th	ne 2020 income tax r	eturn and app	licable schedules
request an official 2020 Tax Return Transcript	or Verification of Non-Fil	ling Letter		
 For U. S. Virgin Islanders Tax Filers: Fo Internal Revenue (BIR) offices. You may a 1040; St. John – (340) 777-1446. 				
2. For U.S Tax Filers: Complete Form 4506	T online at <u>www.irs.gov</u> or	call 1-800-908-9946.		
☐ Check here if you are attaching your W-2	Form(s) and 2020 IRS Inc	come Tax Return or Ta	x Return Transc	ript
Check here if you are attaching your Verif and had no income earned from work in		because you will not file	e or were not requ	ired to file; or were not employ
3. If you did not file and are <u>not required</u> to fi IRS W-2 Form.	ile a 2020 Federal income	tax return, list below yo	our employer(s),	even if you were not issued
Employer's Name or Source of Income (IRS W-2 Attached Yes/No	20	020 Income
your serial to melade housing, rood,	iving unowances)	163/110	\$	
			\$	
			\$	
4. Funds received for child support and other	untaxed income (See que	stion 11 on the EAESA		
Sources of Untaxed Income	2020 Amount	Sources of Unta		2020 Amount
a. Child support received	\$	e. Workman's Compens		\$
b. Tax exempt (IRS form 1040 – Line 2a)	\$	f. Veterans non-educati	on benefits	\$
c. Untaxed IRA distributions (IRS form 1040-line	\$	g. Payments to pension (\$
d. Untaxed IRA pensions & annuities (IRS form	,	through 12d, codes D, E, F,	, G, H & S)	,
1040-line 5a minus 5b)	\$			
2020 IRS Tax Return Transcript(s)	or a signed copy of th	ne 2020 income tax r		
 For U. S. Virgin Islanders Tax Filers: For of Internal Revenue (BIR) offices. You may 1040; St. John – (340) 777-1446. 	orm 4506T must be comple	eted and signed by the t		
2. For U.S Tax Filers: Complete Form 4506	T online at <u>www.irs.gov</u> or	call 1-800-908-9946.		
☐ Check here if you are attaching your and	vour spouse's W-2 form(s	and ioint tax 2020 IRs	S Income Tax Re	turn or Tax Return Transcri
Check here if you are attaching your spou		•		'
Check here if your spouse is attaching a was not employed and had no income ea		Letter because he/she	e will not file or we	ere not required to file; or he/s
3. (a) If your spouse did not file and is not received in 2020, even if your spouse was work in 2020, list the source(s) of any income	not issued an IRS W-2 For	m. (b). If your spouse v		

work in 2020, list the source(s) of any income your household received in 2020.					
Employer's Name or Source of Income (Money received or paid on your behalf to include housing, food, living allowances)	IRS W-2 Attached Yes/No	2020 Income			
		•			

Employer's Name or Source of Income (Money received or paid on your behalf to include housing, food, living allowances)

S

\$
\$

4. Funds received for child support and other untaxed income (See question 44 on the FAFSA.)

Sources of Untaxed Income	2020 Amount	Sources of Untaxed Income	2020 Amount
a. Child support received	\$	e. Workman's Compensation	\$
b. Tax exempt (IRS form 1040 – Line 2a)	\$	f. Veterans non-education benefits	\$
c. Untaxed IRA distributions (IRS form 1040-line	¢	g. Payments to pension (W-2 boxes 12a	¢
4a minus 4b)	Ψ	through 12d, codes D, E, F, G, H & S)	Ψ
d. Untaxed IRA pensions & annuities (IRS form	•		
1040-line 5a minus 5b)	φ		

Student's Name	IU#	22-23 AGGREGATE Verifica	ation Worksheet V5-Independent pg. 3
E. Identity and Statement of Educa	ational Purpose (See Enclosed	Supplement Form) Student's I	Information
 If you are able to submit this form in If you are unable to submit this form completed form and notarized docur 	in person, you <u>must</u> complete Sect	on H - Part 2 in the presence of a N	
F. Certification & Signature			
I certify that all the information reported on the Student must sign this worksheet. If man	•		false or misleading information on ned, be sentenced to jail, or both.
Student's Signature	 Date	Spouse's Signature	 Date



Section H - Part 1: Identity and Statement of Educational Purpose

<u>www.u</u>	<u>vi.edu</u>					
Last N	lame First Name	e	M.I.	Last 4 Digits of SS	I SN	ID Number
	are able to submit this form in pers cial Aid Officer at your school.	son, you <u>mu</u>	<u>ust</u> complete Se	ction H - Part 1	1 in the pr	resence of your
The st	udent must appear in person at		ersity of the Vi			_ to verify
to, a <u>d</u>	ner identity by presenting a valid, not expressed in the state-issued in the state-issued in the state it was received in the state it was received in the state it was received in the state in the sta	or passport	. The institution	will maintain a	copy of th	ne student's photo ID
n addi	ition, the student must sign, in the pres	sence of the	institutional offi	cial, the followir	ng:	
	<u>Stateme</u>	ent of E	ducationa	l Purpose	<u>e</u>	
Lo	certify that I(Print Studen	ut's Nama)	am	the individual si	gning this	
Statem	nent of Educational Purpose and that th	•	udent financial a	ssistance I may	receive wi	ll only be used for
educat	cional purposes and to pay the cost of a	attending _		of the Virgin condary Education		
	(Student's Signature)		(Student's	ID Number)		(Date)
		Off	ice Use Only			
	Financial Aid Officer's Name		Financial Aid Office	er's Signature		 Date



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

(Print Student's Name) Itatement of Educational Purpose and that the federal student financial assistant aducational purposes and to pay the cost of attending	II 4 Digits of SSN	ID Number
the student is unable to appear in person at	on H - Part 2 in	the presence of a No
(Name of Postsecondary Education of Notary's Ilicense, ot and (b) The original notarized Statement of Educational Purpose provided below Statement of Educational Purpose provided below Statement of Educational Purpose provided below (Print Student's Name) (I certify that I am the	Office.	
erify his or her identity, the student must provide: (a) A copy of a valid, not expired, government-issued photo identification (notary statement below, such as, but not limited to, a driver's license, ot and (b) The original notarized Statement of Educational Purpose provided below Statement of Educational Purpose and the federal student financial assistant ducational purposes and to pay the cost of attending (Student's Signature) Notary's Certificate of Acknowled State of		
(a) A copy of a valid, not expired, government-issued photo identification (notary statement below, such as, but not limited to, a driver's license, ot and (b) The original notarized Statement of Educational Purpose provided below Statement of Educational Purpose provided below Certify that	ducational Instituti	ion)
notary statement below, such as, but not limited to, a driver's license, of and (b) The original notarized Statement of Educational Purpose provided below Statement of Educational Purpose provided below Statement of Educational Purpose and that the federal student financial assistant ducational purposes and to pay the cost of attending University of the (Name of Postsecondary E) (Student's Signature) (Student's ID Numb Notary's Certificate of Acknowled State of, City/County of, pe (Date) (Notary's name), and provided to me on basis of the interpretation, and provided to me on basis of the interpretation, to be the according to be the according to the foregoing statement. WITNESS my hand and official seal (seal)	n (ID) that is ac	knowledged in the
Certify that am the	= =	•
I certify that I	ow.	
tatement of Educational Purpose and that the federal student financial assistant ducational purposes and to pay the cost of attending	<u>urpose</u>	
tatement of Educational Purpose and that the federal student financial assistant ducational purposes and to pay the cost of attending		
Acknowled State of	the individual si	gning this
Comparison of the Cost of attending Cost of Postsecondary England Cost of Postsecondary		
(Student's Signature) Notary's Certificate of Acknowled State of, City/County of, pe (Date) (Notary's name) (Printed name of signer) Identification, to be the according statement. WITNESS my hand and official seal (seal)	ance I may recei	ive will only be used fo
State of, City/County of, per, per, and provided to me on basis of, (Type of government-issued photo ID provided) WITNESS my hand and official seal, (Student's ID Number, per, per	ne Virgin Island	ds for 2022-2023
State of	y Educational Insti	itution)
State of	mber)	(Date)
On, before me,, pe (Date) (Notary's name) , and provided to me on basis of (Printed name of signer) Identification to be the a (Type of government-issued photo ID provided) who signed the foregoing statement. WITNESS my hand and official seal (seal)	<u>dgement</u>	<u>:</u>
, and provided to me on basis of (Printed name of signer) Identification to be the a (Type of government-issued photo ID provided) who signed the foregoing statement. WITNESS my hand and official seal (seal)		
(Printed name of signer) Identification to be the a (Type of government-issued photo ID provided) who signed the foregoing statement. WITNESS my hand and official seal (seal)	personally appe	eared,
Identification to be the a	s of satisfactory	evidence of
(Type of government-issued photo ID provided) who signed the foregoing statement. WITNESS my hand and official seal (seal)		
who signed the foregoing statement. WITNESS my hand and official seal (seal)	e above-named	person
WITNESS my hand and official seal (seal)		
(seal)		
N.A., and an include a construction of the con	(Notary	signature)
My commission expires on(Date)		