

University of the Virgin Islands - Office of Financial Aid 2023-2024 AGGREGATE Verification Worksheet

V5 Independent

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Your 2023-2024 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 2021 Tax Return transcript(s) or a signed copy of the 2021 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, 2021 Tax Return transcript(s) or a signed copy of the 2021 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 subr	nit the 2021 Tax Re	turn transcript(s) o	r a signed copy of t	he 2021 tax return, a	applicable schedules
and W-2 form(s)					

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

A. Student's Information							
			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	rea 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, 2023 through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023-2024. 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, 2023 through June 30, 2024.

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, 2023 and June 30, 2024. 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 h	ousehold	member(s) enro	olled at an eligible postsecondary educational ins	titution may be required.

Student	's Name	ID#	23-24 AGGI	REGATE Verification	Worksheet V5-Independent pg
C. St	udent 2021 IRS Tax Return Transcrip	t(s) or a signed copy o	f the 2021 income tax	return and appl	icable schedules
	2021 IRS Tax Return Transcript(s)	or a signed copy of th	e 2021 income tax r	eturn and appli	cable schedules
To requ	est an official 2021 Tax Return Transcript	or Verification of Non-Fil	ing Letter		
1.	For U. S. Virgin Islanders Tax Filers: For Internal Revenue (BIR) offices. You may a 1040; St. John – (340) 777-1446.				
2.	For U.S Tax Filers: Complete Form 45067	Γ online at <u>www.irs.gov</u> or	call 1-800-908-9946.		
	Check here if you are attaching your W-2 I	Form(s) and 2021 IRS Inc	come Tax Return or Ta	x Return Transcri	pt
	Check here if you are attaching your Verifi and had no income earned from work in 2	cation of Non-Filing Letter			•
3.	If you did not file and are not required to fil IRS W-2 Form.			our employer(s), e	ven if you were not issued a
	Employer's Name or Source of Income (Name of Source of Income (Name of Source))		IRS W-2 Attached Yes/No	202	1 Income
	,	,		\$	
				\$	
				\$	
4.	Funds received for child support and other	` '			
-	Sources of Untaxed Income	2021 Amount	Sources of Unta		2021 Amount
	a. Child support received b. Tax exempt (IRS form 1040 – Line 2a)	\$ \$	e. Workman's Compens f. Veterans non-education		\$
	c. Untaxed IRA distributions (IRS form 1040-line	,	g. Payments to pension (· ·
4	a minus 4b)	\$	through 12d, codes D, E, F,		\$
	I. Untaxed IRA pensions & annuities (IRS form	\$			
_ 1	040-line 5a minus 5b)	Ψ			
	oouse 2021 IRS Tax Return Transcript 2021 IRS Tax Return Transcript(s) request an official 2021 Tax Return Transcript	or a signed copy of th	e 2021 income tax r		
1.	For U. S. Virgin Islanders Tax Filers: Fo of Internal Revenue (BIR) offices. You may 1040; St. John – (340) 777-1446.				
2.	For U.S Tax Filers: Complete Form 45067	Γ online at <u>www.irs.gov</u> or	call 1-800-908-9946.		
	Check here if you are attaching your and y	our spouse's W-2 form(s)	and joint tax 2021 IRS	S Income Tax Retu	ırn or Tax Return Transcrip
	Check here if you are attaching your spous a separate tax return.		•		•
	Check here if your spouse is attaching a Name was not employed and had no income ea		Letter because he/she	will not file or wer	e not required to file; or he/sh
3.	(a) If your spouse did not file and is not received in 2021, even if your spouse was a work in 2021, list the source(s) of any incorporation.	not issued an IRS W-2 For	m. (b). If your spouse v		

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	2021 Income
		\$
		\$
		\$

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

Sources of Untaxed Income	2021 Amount	Sources of Untaxed Income	2021 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 4a minus 4b)	\$	g. Payments to pension (W-2 boxes 12a through 12d, codes D, E, F, G, H & S)	\$
d. Untaxed IRA pensions & annuities (IRS form 1040-line 5a minus 5b)	\$		

Student's Name	IU#	23-24 AGGREGATE Verifica	ition Worksheet V5-Independent pg. 3
E. Identity and Statement of Educ	cational Purpose (See Enclosed	Supplement Form) Student's I	nformation
If you are unable to submit this form	n person, you <u>must</u> complete Sectior n in person, you <u>must</u> complete Sect Iment to your school's Financial Aid C	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 ma			false or misleading information on ned, be sentenced to jail, or both.
Student's Signature	 Date	Spouse's Signature	 Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the University of the Virgin Islands financial aid office.



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

196	2						
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					I		
Last N	ame First Name		M.I.	Last 4 Digits of SS	SN	ID Number	
	are able to submit this form in persocial Aid Officer at your school.	n, you <u>n</u>	nust complete S e	ection H - Part :	1 in the p	resence of your	
The sti	udent must appear in person at	Un	iversity of the Vi	irgin Islands		to verify	
inc su	ducit must appear in person at		ame of Postsecondary			to verify	
to, a <u>d</u>	ner identity by presenting a valid, not expriver's license, other state-issued ID, of annotated with the date it was received it's ID.	r passpo	<u>rt</u> . The institution	n will maintain a	copy of t	he student's photo) ID
n addi	tion, the student must sign, in the prese	ence of th	ne institutional off	icial, the followir	ng:		
Lo	certify that I		Educationa am	the individual si	_		
	(Print Student's	s Name)					
Statem	nent of Educational Purpose and that the	e federal	student financial	assistance I may	receive w	ill only be used for	
educat	cional purposes and to pay the cost of at	tending:		y of the Virgin econdary Education		_ for 2023-2024. n)	
	(Student's Signature)		(Student's	ID Number)		(Date)	
		0	ffice Use Only				
	Financial Aid Officer's Name		Financial Aid Offic	er's Signature		 Date	



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

			ı	
Last Name	First Name	M.I.	Last 4 Digits of SSN	ID Number
	mit this form in person, you <u>r</u>			presence of a Nota
ublic and mail the not	arized documents to your sch	nool's Financial	Aid Office.	
f the student is unable to	appear in person at			to
verify his or her identity.	the student must provide:	(Name of Postsecon	dary Educational Institution)	
(a) A copy of a valid, notary statement	not expired, government-issue t below, such as, but not limited	-		~
and (b) The original nota	rized Statement of Educational	Purpose provide	d below.	
	Statement of E	ducationa	al Purpose	
I certify that I	(Print Student's Name)		_ am the individual signir	ng this
	(Print Student's Name)			
tatement of Educational	Purpose and that the federal s	tudent financial	assistance I may receive	will only be used for
ducational purposes and	d to pay the cost of attending	University	of the Virgin Islands	for 2023-2024.
		(Name of Postse	condary Educational Institutio	on)
(Studer	nt's Signature)	(Student's	ID Number)	(Date)
N 1.	-	- 6 A - L		
<u>N</u> C	<u>otary's Certificate</u>	OT ACKNO	<u>wieagement</u>	
State of	, City/Co	ounty of		
On	, before me,		, personally appeare	d,
(Date)				
(Printed name of signer)	, and p	rovided to me o	n basis of satisfactory evi	dence of
		to	ho the above named no	con
(1	Type of government-issued photo ID p	rovided)	be the above-hamed per	5011
who signed the forego	oing statement.			
WITNESS my hand a	nd official seal			
(seal)		-	(Notary sign	ature)
My commission expi	ires on		(cui y sigii	
	(Date)			