



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

2015—2016
V5-Aggregate Verification

Your application for federal financial aid was selected for review in a process called “Verification.” In the process, we will be comparing information from your FAFSA application with your Federal tax information, W-2 forms and/or other financial documents. The law says we must ask you for this information before awarding financial aid. If there are differences between your application information and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign the worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application until verification has been completed.

I: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID #
Address (P.O. Box, Village, City, State, Zip Code)			Date of Birth
Email Address			Home/Cell Phone

II: FAMILY INFORMATION

DEPENDENT STUDENTS: List the people in your parents’ household; include the following:

- Yourself and your parent(s) you live with (including stepparent), and
- Your parents’ other children, if (a) your parents provide more than half of their support from July 1, 2015 through June 30, 2016, or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- 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, 2015 through June 30, 2016.

INDEPENDENT STUDENTS: List people in your household; include the following:

- Yourself and your spouse, if married,
- Your children, if you provide more than half of their support from July 1, 2015 through June 30, 2016, and
- Other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2015 to June 30, 2016.

Write the names of all family members. Also write in the names of the college for any family member, excluding your parent(s), who will be attending college at least half-time between July 1, 2015 and June 30, 2016, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self		

III: STUDENT’S INCOME INFORMATION TO BE VERIFIED—Complete Section A, or B, or C.

A. U.S. TAX RETURN FILERS—Check the box that applies

Complete this section if you, the student, filed or will file a 2014 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to FAFSA.ed.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA.

- I, the student, have used the IRS Data Retrieval Tool in FAFSA on the Web to transfer my (and, if married, my spouse’s) 2014 IRS income information into my FAFSA or when making a correction to the FAFSA.
- I, the student, have not yet used the IRS Data Retrieval Tool, but I will use the tool to transfer my (and, if married, my spouse’s) 2014 IRS income information into my FAFSA once I have filed my 2014 IRS tax return.
- I, the student, am unable to choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and I will submit to the school 2014 IRS tax return transcript(s).

B. NON-U.S. TAX RETURN FILERS

- I, the student, completed a 2014 foreign tax return or a tax return with another U.S. territory or one of the Freely Associated States. A signed copy is attached.

C. NON-TAX FILERS—Complete this section if you, the student (and, if married, your spouse), will not file and are not required to file a 2014 income tax with the IRS or other government agency. Check the box that applies:

- I, the student (and, if married, the student’s spouse) was not employed and had no income earned from work in 2014.
- I, the student (and/or the student’s spouse if married) was employed in 2014 and has listed below the names of all employers, the amount earned from each employer in 2014, and whether an IRS W-2/wage stated form is attached. Attach copies of all 2014 W-2/wage statement forms issued to you (and, if married, to your spouse) by employers.

Employer’s Name	2014 Amount Earned	W-2/Wage Statement Attached??
Suzy’s Auto Body Shop (example)	\$ 2,000.00	YES

According to the Paperwork Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0132. The time required to complete this information collection is estimated to average fifteen minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Application and Pell Processing Systems Division, U.S. Department of Education, 600 Independence Avenue, S.W., Washington, DC 20202-5453.

IV: PARENT’S INCOME INFORMATION TO BE VERIFIED (Complete this section if you were required to provide Parent information on the FAFSA)

A. U.S. TAX RETURN FILERS—Check the box that applies

Complete this section if the student’s parent(s), **filed or will file** a 2014 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to *FAFSA.ed.gov*, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA.

- The student’s parent has used the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2014 IRS income information into student’s FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- The student’s parent has not yet used the IRS Data Retrieval Tool, but will use the tool to transfer 2014 IRS income information into the student’s FAFSA once the parent’s IRS tax return has been filed. *See instruction above for information on how to use the IRS Data Retrieval Tool. The student’s Financial Aid Office cannot complete verification until the parent has transferred IRS information into the student’s FAFSA.*
- The parent is Unable or chooses not to use the IRS Data Retrieval Tool, and the parent will submit to the student’s school a copy of the parent’s **2014 IRS tax return transcript(s)**.

B. NON-U.S. TAX RETURN FILERS

- The student’s parent completed a 2014 foreign tax return or a tax return with another U.S. territory or one of the Freely Associated States. A signed copy is attached.

C. NON-TAX FILERS—Complete this section if the student’s parent(s) will not file and is not required to file a 2014 income tax return with the IRS or other government agency. Check the box that applies:

- The parent(s) was not employed and had no income earned from work in 2014.
- The parent(s) was employed in 2014 and has listed below the names of all the parent’s employers, the amount earned from each employer in 2014, and whether an IRS W-2/wage statement form is attached. Attach copies of all 2014 W-2/wage statement forms issued to the parent(s) by employers.

Employer’s Name	2014 Amount Earned	W-2/Wage Statement Attached??
Suzy’s Auto Body Shop (example)	\$ 2,000.00	YES

V: OTHER INFORMATION TO BE VERIFIED

A. Did you (or your spouse, if married) and/or your parent(s) pay child support in 2014?

- YES NO

If yes, indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom support was paid, and the total annual amount of the child support that was paid in 2014 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2014

B. Did someone in your household (listed in Section II) receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2013 or 2014??

YES

NO

VI: HIGH SCHOOL COMPLETION STATUS

The Student will provide the Financial Aid Office with one of the following documents that indicate his/her high school completion status at the start of the 2015-2016 academic year.

- 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 Education Development (GED) certificate or GED transcript.
- If homeschooled, a copy of a state secondary school completion credential, OR, a transcript or the equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a home-school setting.
- A copy of the student’s high school diploma.
- An academic transcript that the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.

VII: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE—complete A “or” B...NOT BOTH

- A. I, the student, am **able to appear in person** at the American Samoa Community College Financial Aid Office to verify my 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. A copy of my identification will be retained by the Financial Aid Office.

Please sign the following Statement of Education Purpose in the presence of a Financial Aid Official:

I certify that I, X
Print Student's Name am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2014—2016.

(Student's Signature)

Date

(Student's ID Number)



B. I, the student, am **NOT able to appear in person** at the American Samoa Community College Financial Aid Office to verify my identity. I have provided the following:

- (i) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport.
- (ii) The original notarized Statement of Educational Purpose provided below.

I certify that I, X
Print Student's Name am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2015—2016.

(Student's Signature)

Date

(Student's ID Number)

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

State of: _____

City/County of: _____

On _____, before me, _____,
(Date) (Print Notary's Name)

personally appeared, _____, and provided me on basis of
(Print Student/Signer's Name)

satisfactory evidence of identification _____ to be the above-
(Type of government-issued photo ID provided)
named person who signed the forgoing instrument.

(Notary's Signature)

My Commission expires on: _____
(Date)

**WITNESS my hand and
official seal**
(Seal)

VIII: CERTIFICATION AND SIGNATURES

By signing this worksheet, I/we certify that all the information reported to qualify for Federal Student Aid is complete and correct.

PRINT Student Name

Student ID #

Student (signature)

Date

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

Spouse (signature)

Date

Parent (signature)

Date

(required for Dependent Student)

**SUBMIT Form In Person to: American Samoa Community College Financial Aid Office
2609 Mapusaga Road
Pago Pago, AS 96799**

Submit by Email: finaid@amsamoa.edu

Submit by FAX: (684) 699-8968 OR (684) 699-1083