

Office of Financial Aid 900 Lakewood Avenue Lakewood, NJ 08701-2697 Tel: 732.987.2258 Fax: 732.987.2023 www.georgian.edu

2018-2019 V5 Independent Verification Worksheet

ast Name (please print)	First Name	e M.I.	Date of Birth
tudent ID	Social Security #	Telephone Nu	ımber to best reach you
OUSEHOLD INFORMATIO	<u>!</u>		
	I with you and got more than	ould be required to give parental info half of their support from you at the fough June 30, 2019.	
_		s. Write in the name of the postsecon aution at least half time between July	
NOT include family members who ough June 30, 2019.	re foster children or who will l	be 24 years old and attending a posts	econdary institution at least half
FULL NAME	AGE	RELATIONSHIP TO YOU	COLLEGE
		SELF	GCU
UDENT'S INCOME INFOR	MATION TO BE VERIFI	<u>ED</u>	
neck on of the boxes belo	v•		
neck on or the boxes belo	v.		
You have used the IRS Data Ret			
] You are submitting a 2016 Tax] You worked in 2016 but were n	•	RS Tax Return. List all employer ar	nd amounts earned in 2016.
You did not work in 2016.	2016 IBS in	washing the IDC DDT course he	ward and the 2016 IRS Tau
	parate 2016 IRS Income ta	k returns, the IKS DKT cannot be	used and the 2016 IRS Tax
the student and spouse filed se			
the student and spouse filed se e provided for each. Check here if a 2016 IRS Tax Re	urn Transcript(s) is provid	ed.	

ADDITIONAL FINANCIAL INFORMATION

1. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings).	\$
2. Child support <u>received</u> for all children. Don't include foster or adoption payments.	\$
3. Housing, food and other living allowances paid to members of the clergy, military or others.	\$
4. Veteran's non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Comprehensive and or VA Educational Work Study allowances	\$
5. Other untaxed income not reported such as worker's compensation, disability, untaxed portions of health savings accounts from IRS form 1040 Line 25 etc.	\$
6. Money received or paid for on your behalf. (cash support includes money and gifts, housing, food, clothing, car payments or expenses, including medical and dental care, college costs, and money paid to someone else on your behalf.)	\$
STUDENTS WHO REPORT NO SOURCE OF INCOME, LOW INCOME AND OR NO MEANS TESTED BE ON THIS WORKSHEET MAY BE REQUIRED TO FURTHER SUBSTANTIATE HOW THEYSUPPOR	
STUDENT – HIGH SCHOOL COMPLETION STATUS	
Provide one of the following documents that indicate you have, or will have a high school diploma taking classes at Georgian Court University. Please check the box indicating the document you are	
☐ Copy of your high school diploma ☐ Copy of your final official high school transcript that shows the date the diploma was awarded ☐ Copy of your General Educational Development (GED) certificate or GED transcript ☐ An academic transcript that indicates that you successfully completed at least a two-year college full credit toward a bachelor's degree (Please note, this option will take additional time in completi evaluation of your transcripts)	· -

☐ If a State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential or a copy of your transcript or equivalent signed by a

parent or guardian
☐ I do **NOT** have a high school diploma or GED

<u>IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u> (TO BE SIGNED IN PERSON AT THE CAMPUS FINANCIAL AID OFFICE)

You must appear in person at the Office of Financial Aid to verify your 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. The Office of Financial Aid will maintain a copy of your photo ID with the date it was received and the institutional staff member who is authorized to collect the ID.

In addition, you must sign, in the presence of an authorized staff member in the Office of Financial Aid the following:

Statement of Educational Purpose						
I certify that I, federal student financial assist Georgian Court University for t	ance I may receive will on	y be used for educational purposes	ment of Education Purpose and that the and to pay the cost of attending			
Student's Signature		Da	te			
Office Use Only/Staff Initia		pot is complete an accurate and authorize the	ne Office of Financial Aid to perform necessary			
electronic ISIR corrections on my beha or failure to give proof when asked ma false or misleading information, I/we in Students are required to submit of directly importing 2016 IRS Data in	alf. I/we agree to provide proof of ay be cause for denial, reduction, may be fined, sentenced to jail or ompleted 2016 Federal tax in nto your FAFSA while comple	of any information reported on this form or or withdrawal, and/or repayment of my finance both. If you are a dependent student, one formation. The only acceptable method ting or correcting your FAFSA or by sub	on my FAFSA. I/we realize that any false statement cial aid. I/we also understand if we purposely give			
Student Signature	 Date	 Spouse's Signature	 Date			

<u>IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u> (TO BE SIGNED WITH A NOTARY)

If you are unable to appear in person at the Office of Financial Aid at Georgian Court University to verify your identity, you must provide:

- a. 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; and
- b. The original notarized Statement of Educational Purpose provided below

	Statement of Educatio	nal Purpose	
I certify that I,	e I may receive will only be used for e	al signing this Statement of Education Purpose ducational purposes and to pay the cost of att	e and that the ending
Student's Signature		Date	
	Notary's Certificate of Acl	knowledgement	
State/of			
City/County of			
On(Date)	_, before me,(Notary's name)		
Personally appeared,		, and provided to me on basis	
(Printed I	name of signer)		
of satisfactory evidence of ider	ntification (Type of government-issued photo		
to be the above-named person	who signed the foregoing instrum	ent.	
WITNESS my hand and official (seal)	seal		
		(Notary signature)	
	My comr	mission expires on	
		(date)	

Office of Financial Aid 900 Lakewood Avenue, Lakewood, NJ 08701 PH 732.987.2258•FAX 732.987.2023•Email: financialaid@georgian.edu