



**UNITED TRIBES®
TECHNICAL COLLEGE**

OFFICE OF FINANCIAL AID

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 financialaid@uttc.edu
 Phone: 701.221.1852

2019-2020 Aggregate Verification Worksheet

Your application was selected by the U.S. Department of Education for review process called "Verification." Financial aid will be placed on hold until the verification process is complete. Award letters /financial needs analysis will not be completed until the verification process is complete. If you have questions regarding verification, contact the UTTC Financial Aid Office.

A. Student Information (required)

Student's Last Name	Student's First Name	M.I.	Student's Social Security Number
Student's Mailing Address (include apartment #)			Student's Date of Birth
City	State	Zip Code	Student's Email Address

B. Family Household Information (required)

List the people in your household to include:

- Yourself, the student.
- For dependent students (those who needed to include parent data on FAFSA):
 - ✓ Your parent(s) (even if they are not married but living in the same household or a stepparent) even if you don't live with your parent(s).
 - ✓ Your parent(s) other children if your parent(s) provide more than half of their support from July 1 2019-June 30, 2020 or if the other children would be required to provide parental information if they were completing the FAFSA. Include children who meet either of these standards, even if they do not live with your parent(s).
 - ✓ Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.
- Yourself, the student.
- For independent students (only those who were NOT required to provide parental data on the FAFSA):
 - ✓ You and your spouse, if you are married.
 - ✓ Your children, if you provide more than half of their support from July 1, 2019-June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if they do not live with you.
 - ✓ 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 through June 30, 2020.

If more space is needed, attach a separate page with the identical information as below.

Full Name	Age	Relationship	College Attending	Enrolled at least half time?
		Self	United Tribes Technical College	

C. TAX RETURN FILERS – Dependent Student/Parents or Independent Student/Spouse.

- 1. Instructions for use of Data Retrieval Tool:** If you have **FILED**, follow these instructions. *Go to FAFSA.gov, log into the Student’s FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section. Select none of the above.* This will navigate you to the IRS website where you may transfer data from the IRS directly. **Be sure to use the exact address on your 2017 tax return.** (Be sure to sign and submit FAFSA.)
- 2. Instructions if you are unable to use the Data Retrieval Tool:** You must order an **IRS Tax Return Transcript** from www.irs.gov or you may call 1-800-908-9946 to order by phone. (Note: if you filed a paper return, the tax return transcript may take up to eight weeks for the IRS to process.)

D. TAX RETURN NON-FILERS – Dependent Student/Parents or Independent Student/Spouse

- 1. Instructions for Dependent Student/Parent or Independent Student/Spouse:** If neither listed has income, please list all employers and the amount earned from each in 2017. Attach all W-2 forms issued by employers. *List every employer and amount even if a W-2 was not issued.*

Name of Non-Filer	Employers Name	2017 Amount Earned

- E. FOOD STAMP BENEFITS** – Did anyone in your household receive Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) anytime during 2018 and or 2019? Yes No

- F. CHILD SUPPORT PAID** – If you or anyone listed in the household has paid child support, please complete the table below in its entirety.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2017

- G. HIGH SCHOOL COMPLETION STATUS** – The government is requesting us to verify you the student’s High School Completion Status. Provide **one** of the following documents that indicate status when the student will begin college in 2018-2019.

- A copy of final high school transcript including the date of completion.
- A copy of GED final transcript.
- A copy of final transcript signed by student’s parent or guardian that lists the secondary school courses completed by the student and documents the successful completion of a secondary school education for homeschooled students.

H. IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE:

- Student appearing in person – requires a valid government-issued photo identification such as driver’s license, military identification, or passport; along with a signed statement enclosed.
- A student unable to appear in person - requires a valid government-issued photo identification such as driver’s license, military identification, or passport; along with an **Original Notarized Statement** enclosed.

I. CERTIFICATION AND SIGNATURE

I certify that all of the information reported on this worksheet is complete and correct.

_____ Date: _____
Student’s Signature (Required)

_____ Date: _____
Parent Signature (Required for Dependent Students) or Spouse Signature (Required for Independent Students if applicable)

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



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Student's Name _____ Student's ID Number _____

**Identity and Statement of Educational Purpose
(To Be Signed at the Institution)**

The student must appear in person at United Tribes Technical College to verify his or her 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 institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending United Tribes Technical College for the academic year 2018-2019.

(Student's Signature) (Date)

(Student's ID Number)

(Financial Aid Representative Signature) (Date)

Student's Name _____ Student's ID Number _____

**Identity and Statement of Educational Purpose
(To Be Signed With Notary)**

If the student is unable to appear in person at United Tribes Technical College to verify his or her identity, the student 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 Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
Statement of Educational Purpose and that the federal student financial assistance
I may receive will only be used for educational purposes and to pay the cost of attending
United Tribes Technical College for the academic year 2018-2019.

(Student's Signature) (Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____
City/County of _____
On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to
me (Printed name of signer)

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

WITNESS my hand and official seal
(seal) _____
(Notary signature)

My commission expires on _____
(Date)

Note: Original required, this page cannot be copied, scanned, or faxed.