

2024-2025 Dependent V5 Aggregate Verification

Your FAFSA application has been selected for a process called verification. Please complete all parts of this worksheet and return to the Financial Aid Office. Notice: incomplete forms may delay processing. This form cannot be submitted electronically, original signatures are required. Submit in person, or mail (if completed in front of a Notary Public).

A. Student Information								
Student's Name:	of Birth: CCC ID:							
B. Household Information – List the members in your parents' household. Attach an additional sheet if necessary.								
Please include: yourself, even if you don't live with your parents, your parents/step-parent (if your parent is remarried you must include your step- parent), your parents' other children (even if they do not live with your parents), siblings, and individuals who will receive more than half of their support from your parents between July 1, 2024 and June 30, 2025.								
Full Name		Relationship to Student		AgeEnrolled in College at least half-time		College		
	Salf			(check	one)	Clasha	mas Community College	
		Self Parent/Step parent			1	Стаска	mas Community Conege	
		Parent/Step parent Parent/Step parent						
						I		
		ing/Other:		□ Yes	🗆 No			
		ing/Other:		□ Yes	🗆 No			
	Sibl	ing/Other:		□ Yes	🗆 No			
C. Tell us about your 20	022 tax filing	status –						
Student's Filing Status	Parent(s) Filing Status (select only one)							
 I filed my 2022 Tax Return and successfully used the IRS Direct Data Exchange (FA-DDX) via the FAFSA. Tax Transcript not required. I filed my 2022 Tax Return and was unable to use the IRS Direct Data Exchange (FA-DDX). Submit your <u>2022 Tax</u> <u>Return Transcript</u>. I amended my taxes after originally filing my 2022 Tax Return and will submit: 			 My parent(s) filed their 2022 Tax Return and successfully used the IRS Direct Data Exchange (FA-DDX) via the FAFSA. Tax Transcript not required. My parent(s) filed their 2022 Tax Return and were not able to use the IRS Direct Data Exchange (FA-DDX). Submit your parent(s) 2022 Tax Return Transcript. My parent(s) amended their taxes after originally filing their Tax Return and will submit: 					
 ○ 2022 Tax Return Transcript ○ 2022 (signed) IRS 1040X form □ I did not and I am not required to file a federal Tax Return. 			 <u>2022 Tax Return Transcript</u> 2022 (signed) IRS 1040X form My parent(s) did not and is/are not required to file a federal 					
 I was not employed and earned no income from work in 2022. I had income earned in 2022 and did not/was not required to file a federal Tax Return. The source(s) and amounts of income are listed below: 			 Tax Return. My parent(s) were not employed and earned no income from work in 2022. **If Non-filing of foreign income tax returns. Provide Verification of Non-filing for individuals who would file a return with a relevant tax authority <u>other than the IRS</u> dated on or after October 1, 2023 (e.g. foreign income tax return). My parent(s) had income earned in 2022 and did not/was not 					
Employer's Name	2022 Earned Amount	IRS W-2/1099 Attached Image: Provide the second sec	required to file a federal Tax Return. In 2022, my parent(s) had income from the source(s) listed below:					
		$\Box Yes \Box No$ $\Box Yes \Box No$	Emplo	yer's Name		Earned ount	IRS W-2/1099 Attached	
Attach all W-2s and/or 1099s issued to you in 2022						\Box Yes \Box No		
*IRS Verification of Non-Filing Letters can be requested by checking box 7 and							\Box Yes \Box No	
8 (if no W-2s provided) on <u>IRS Form 4506-T</u> . Notice: 2022 IRS Verification of Non-Filing Letters <u>must</u> be dated <i>on or after</i> October 1, 2023.							\Box Yes \Box No	
	Attach all W-2s and/or 1099s issued to your parent(s) in 2022							
D. Certification and Signatures – Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.								
Student Signature: Date:								
Parent Signature: Date:								

This worksheet must be hand signed and dated to be valid. Electronic and/or digital signatures are not valid.

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DO NOT COMPLETE THIS SECTION IN ADVANCE

E. Student Information

Student's Name:

CCC ID:

F. Identity and Statement of Educational Purpose (To be signed at the institution)

The student *must appear in person* at Clackamas Community College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other stateissued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

G. Identity and Statement of Educational Purpose (To be signed in the presence of a notary)

If the student is <i>unable to appear in person</i> at	Clackamas Community	<u>College</u> to verify	his or her	identity, the student
must provide to the institution:				

- (a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other stateissued ID, or passport; and
- (b) The <u>original</u> Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

H. Statement of Educational Purpose

I certify that I

am the individual signing this Statement (Print Student's Name)

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 **Clackamas Community College** for 2024-2025.

(Student's Signature)

(Student's ID Number)

Received/Verified by: Date:

I. Notary's Certificate of Acknowledgement	
State of	City/County of
On, before me,	, personally appeared,
(Date)	(Notary's name)
	, and provided to me on the basis of satisfactory
(Printed name of signer)	, · · · · · · · · · · · · · · · · ·
evidence of identification	to be the above-named person who
	government-issued photo ID provided)
signed the foregoing instrument.	
WITNESS my hand and official seal	
(Seal)	
	(Notary Signature)
	My commission expires on

My commission expires on

This worksheet must be hand signed and dated to be valid. Electronic and/or digital signatures are not valid.

(Date)