

2019-2020 DEPENDENT V5 Aggregate Verification Form



Students Legal Name:

ID Number:

Your file has been selected for additional clarification since the income reported on the FAFSA does not appear sufficient to meet basic living expenses. So that we can fully understand the family's financial situation, please complete this form using yearly amounts, estimating if necessary. List any monies received including rent, utility bills, etc. paid on your behalf. Please complete and return to the Office of Student Enrollment and Financial Services.

Untaxed/Other Income Information

Please indicate how much of each type of income shown below was received. **Supply the income for the FULL CALENDAR YEAR 2017**

Student/Spouse	Type of Untaxed Income / Income Received or Paid <i>Enter amounts that represent the FULL CALENDAR YEAR 2017</i>	Parent(s)/Stepparent
	Housing, food & other living allowances paid to members of military, clergy and others (cash payments & cash value of benefits) Include BAS BAH or combat pay	
	Veteran's non-education benefits such as Disability, Death Pension, Dependency and Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances	
	Amount of Worker's Compensation or Railroad benefits	
	Amount of Unemployment or Disability	
	Amount of utility assistance	
	Amount of Food Stamps	
	Amount of Public Assistance Including TANF	
	Amount of Subsidized Housing Income	
	Amount of Social Security (retirement or disability) benefits	
	Income from work	
	Financial Aid Refund	
	Resources paid on your behalf by someone else	
	Other untaxed income. Including money a student received from a parent whose financial information is not reported on the FAFSA. Identify Source: <input type="text"/>	XXXXXXXXXXXXXXXXXXXX
	Business, Rental or farm Income	
	Amount of child support RECEIVED	
	Free or reduced price lunch for children	
	Interest/Dividend Income and Trust Fund Income	
	Other please specify:	
	Total	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive free housing from a parent, friend or relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you receive food groceries from a parent, friend or relative?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please add any comments or an explanation regarding your situation that will help with our review.

Certification

By signing this certification, I/we confirm that all information reported on this form in support of the student's application for financial aid is complete & correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Signature of Student

Date

Parent Signature (dependent students only)

Date

Students Email:

Parents Email:

This form and documentation can be faxed to 216.397.3098 or mailed to John Carroll University, Office of Student Enrollment and Financial Services, 1 John Carroll Blvd., University Heights, OH 44118. If you have questions about this form call 888-335-6800