

2022-2023 AGGREGATE VERIFICATION WORKSHEET

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid we may ask you to confirm the information you and/or your parents reported on your FAFSA. To verify that you provided correct information you must fill out this Aggregate Verification Worksheet along with any other required documents and submit to the RCBC Office of Financial Aid. If there are differences our office will correct your FAFSA application. **You must complete ALL SECTIONS of this worksheet including signature(s) with dates and attach all required documentation with this form, and submit to the Office of Financial Aid.** Our office reserves the right to request/require any additional documentation that may be needed.

A. Student Information

STUDENT'S FIRST NAME	STUDENT'S M.I.	STUDENT'S LAST NAME	RCBC I.D. #
STUDENT'S STREET ADDRESS (INCL. APT. #)			STUDENT'S DATE OF BIRTH
CITY	STATE	ZIP CODE	STUDENT'S EMAIL ADDRESS
STUDENT'S CELL PHONE NUMBER (INCLUDE AREA CODE)			STUDENT'S ALT. PHONE NUMBER

B. Household Information - *List everyone in the household, including yourself - attach a separate sheet if necessary.*

If you are independent, include:

- Yourself and your spouse if married
- Your children if you will provide more than half of their support from July 1, 2022 through June 30, 2023; and
- Any other people who live with you and receive more than half of their support from you and will continue to live with you and receive more than half of their support from you through June 30, 2023

If you are dependent, include:

- Yourself and your parent(s) including stepparent even if you do not live with your parents
- Your parents' children even if they do not live with your parent(s) if:
 - Your parent will provide more than half of their support from July 1, 2022 through June 30, 2023; OR
 - The children would be required to provide parental information when applying for federal aid
- Any other people who live with your parents and your parents provide more than half of their support and will continue to live with and provide more than half of their support through June 30, 2023

Full Name	Age	Relationship	College Attending	Will be enrolled at least Half-Time
		Self	Rowan College at Burlington County	

**** Dependents that are not your unmarried children must meet the following criteria a) lived with you MORE THAN HALF of the year, b) you provided MORE THAN HALF of their total support for the year, and c) they will continue to receive more than half of their support from you between July 1, 2022 and June 30, 2023. Dependents not reported on the 2020 tax return will need to verify their income with our office.**

Rowan College at Burlington County Office of Financial Aid

C. Tax Forms and Income Information:

STUDENT / SPOUSE (ALL STUDENTS MUST COMPLETE THIS SECTION - CHECK ONLY ONE BOX IN THIS SECTION)

A. 2020 Federal Tax Filers: *(check one box only)*

- I did file taxes in 2020 and IRS data was successfully imported with the IRS Data Retrieval Tool
- I did file taxes in 2020 and did not use the IRS Data Retrieval Tool. Schools are no longer permitted to use IRS 1040 tax forms for verification review. TAX RETURN TRANSCRIPTS MUST BE SUBMITTED! You can obtain your Tax Return Transcript by going online to IRS.gov. All documents below are required:
 - Copies of 2020 Tax Return Transcript or Foreign Tax Return for Student and Spouse (if married).
 - Copies of 2020 W-2 forms for Student and Spouse (if married).

2020 Federal Non-Tax Filers:

According to the Internal Revenue Service, you were required to file a federal tax return in 2020 if you meet any of the following conditions. **There are other situations that require you to file a tax return. To find out more refer to IRS Publication 501.** If you have not filed a Federal Tax Return as required, you MUST do so prior to submitting paperwork for verification.

Filing Status:	AND at the end of 2019 you were...*	You MUST file a return if your gross income was at least...
Single	Under 65	\$12,400
	65 years or older (if born before January 2, 1955)	\$14,050
Head of Household	Under 65	\$18,650
	65 years or older (if born before January 2, 1955)	\$20,300
Married filing Jointly	Under 65 - both spouses	\$24,800
	65 or older one spouse	\$26,100
	65 or older both spouses	\$27,400
Married filing Separately	Any age	\$5.00
Qualifying Widow(er)	Under 65	\$24,800
	65 years or older (if born before January 2, 1955)	\$26,100

- I did not work and had **NO INCOME** during all of 2020. **ALL** documents below are required:
 - A Verification of Non-Filing Letter from the IRS is required from independent students
- I did work and I **HAD INCOME** during 2020. However, I am not required to file a tax return. **ALL** documents below are required:
 - A Verification of Non-Filing Letter from the IRS is required.
 - Copies of 2020 W-2 forms for Student and Spouse (if married).
 - Fill out the chart below and list all earned income you and your spouse (if married) received in 2020. Add an additional sheet if necessary.

EMPLOYER'S NAME	2020 AMOUNT EARNED	W-2 PROVIDED?	STUDENT SPOUSE
<i>Example: Suzy's Auto Body</i>	<i>\$2000.00</i>	<i>Yes</i>	<i>Student</i>

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PARENT(S) / DEPENDENT STUDENTS MUST COMPLETE THIS SECTION - CHECK ONLY ONE BOX IN THIS SECTION

B. 2020 Federal Tax Filers: (check one box only)

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EMPLOYER'S NAME	2020 AMOUNT EARNED	W-2 PROVIDED?	PARENT NAME
<i>Example: Suzy's Auto Body</i>	<i>\$2000.00</i>	<i>Yes</i>	<i>Parent Name</i>

Note: If you and your spouse (independent) or you and your parents (dependent) have any rental properties, own businesses, have partnerships, or S-Corporations, our office will require copies of 1040 schedules and supporting documents.

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D. Student/Spouse

UNTAXED INCOME

Parent(s)

If any item does not apply, enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested. Enter annual amounts for tax year 2020. **DO NOT LEAVE ANY SPACES BLANK.**

\$ _____	Child support received for all children. Don't include foster care or adoption payments.	\$ _____
\$ _____	Housing food and other living allowances paid to members of the military clergy and others (including cash payments & cash value of benefits, e.g. BAS). DO NOT include the value of on-base military housing or the value of a basic military allowance (BAH).	\$ _____
\$ _____	Veterans' non-education benefits such as Disability Death Pension or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	\$ _____
\$ _____	Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Do not enter untaxed combat pay reported on the W-2 (Box 12 Code Q).	\$ _____
\$ _____	Payments to tax deferred pension and savings included but not limited to amounts reported on W-2 form in box 12a-12d codes D E F G H S.	\$ _____
\$ _____	Other untaxed income not reported in items 44a-44g such as worker's compensation disability etc. Also include the untaxed portions of health savings accounts from 1040 Schedule 1 Line 12. Do not include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits Supplemental Security Income Workforce Investment Act educational benefits on-base military housing or a military housing allowance combat pay benefits from flexible spending arrangements (e.g. cafeteria \$ plans) foreign income exclusion or credit for federal tax on special fuels.	\$ _____
\$ _____	Taxable earnings from need-based employment programs such as Federal Work-Study and need-based employment portions of fellowships and assistantships.	\$ _____
\$ _____	Earnings from work under a cooperative education program offered by a college.	\$ _____
\$ _____	Student grant and scholarship aid reported to the IRS in your (or your parents') adjusted gross income. Includes AmeriCorps benefits (awards living allowances and interest accrual payments) as well as grant or scholarship portions of fellowships and assistantships.	\$ _____
\$ _____	Money received or paid on your behalf (e.g. bills) not reported elsewhere on this form. Also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as your grandparents aunts and uncles). This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.	\$ _____

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E. Signatures

Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent (if dependent) must sign and date. **(Please sign in pen.)**

Student _____ Date: _____ Parent _____ Date: _____

Spouse _____ Date: _____ Parent _____ Date: _____

Warning: If you purposely give false or misleading information, you may be fined, sent to prison or both.

****Stop here - read the following instruction carefully****

F. Documentation of Identity/Statement of educational purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. **If you cannot appear in person to submit this worksheet, you will need to provide copy of your government-issued ID and this worksheet NOTARIZED by a public notary.**

Statement of educational purpose

I certify that I, *(print student 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 educational purposes and to pay the cost of attending Rowan College at Burlington County for 2022-2023. **(Please sign in pen.)**

Student's Signature _____ Date _____

Financial Aid Administrator's Signature _____ Date _____

Notary's Certificate of Knowledge

State of _____ City/County of _____

on _____ before me, _____ personally appeared,

NOTARY'S NAME

_____ and provided to me on basis of satisfactory evidence

PRINTED NAME OF SIGNER

of identification _____ To be the above-named person

TYPE OF GOVERNMENT-ISSUED PHOTO ID PROVIDED

who signed the foregoing instrument.

Witness my hand and official seal _____

SEAL

Notary Signature _____

Date Commision Expires _____