



2023-2024 Independent Aggregate Verification Worksheet

Federal Student Aid Programs

Your application was selected for review in a process called “Verification”. In this process, the College of Menominee Nation (CMN) will compare information from your FAFSA with this worksheet and financial documents you will submit. The law states we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and your financial documents, the College of Menominee Nation may need to make electronic corrections to your FAFSA. Contact the Financial Aid Office at the College of Menominee Nation at (715) 799-6226 ext. 3237 if you have questions about the worksheet.

INSTRUCTIONS

1. Submit 2021 financial documents (2021 taxes or W-2 forms, 1099 forms, 1098-T forms, etc)
2. Complete all sections of this worksheet **in full**.
3. Submit the completed and signed worksheet and/or any other documents requested to the Financial Aid Office at CMN.
4. Transfer 2021 Federal Income Tax Return information using the FAFSA IRS Data Retrieval Tool— *To transfer IRS tax return information, go to www.fafsa.gov.*

Or

Submit **2021 IRS tax return copy or transcript(s)**— *To obtain an IRS tax return transcript, go to www.irs.gov and click on the “Order a Return or Account Transcript” link, or call 1-800-908-9946.*

1. Student Information

| | | | |
|------------------------------------|----------------------|----------------------|----------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Last Name | First Name | M.I. | SSN or Student ID Number |
| <input type="text"/> | | | <input type="text"/> |
| Mailing Address (include apt. no.) | | | Date of Birth |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| City | State | ZIP Code | Phone Number (include area code) |

2. Number of Household Members and Number in College

1. List below the people in the student’s household, including:
 - a. **Student.**
 - b. **The student’s spouse**, if the student is married.
 - c. **The student’s or spouse’s children**, if the student or spouse will provide more than half of their support from July 1, 2023, through June 30, 2024, even if the children do not live with the student.
 - d. **Other people**, if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2024.
2. Include the name of the college for any household member who will be enrolled at least half time, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023, and June 30, 2024.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time |
|----------------------|----------------------|----------------------|----------------------|-------------------------------------|
| Marty Jones(example) | 28 | Wife | Central University | Yes |
| <input type="text"/> | <input type="text"/> | Self | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**If more space is needed, attach a separate page with your name and Social Security Number at the top*

3. Independent Student's Information (all applicants)**1. Check the box that applies:**

- a. ☐ The student filed/will file a 2021 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- b. ☐ The student was not employed, did **not** have income and is not required to file a 2021 Federal IRS Tax Return.
- c. ☐ The student was employed and had income, but am not required to file a 2021 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2021 in the chart below:

| NON-TAX FILERS (Complete ONLY if Box c is checked): | | |
|--|--------------------|-------------------------------------|
| Employer's Name | 2021 Amount Earned | IRS W-2 Attached? |
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00</i> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

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4. Spouse's Information (if student is married)**1. Check the box that applies:**

- a. ☐ Spouse filed/will file a 2021 Federal IRS Tax Return, Puerto Rican, or Foreign Income Tax Return.
- b. ☐ Spouse was not employed, did **not** have income and is not required to file a 2021 Federal IRS Tax Return.
- c. ☐ Spouse was employed and had income, but am not required to file a 2021 Federal IRS Tax Return **and** will list all employer(s) and the amount that was earned in 2021 in the chart below:

| NON-TAX FILERS (Complete ONLY if Box c is checked): | | |
|--|--------------------|-------------------------------------|
| Employer's Name | 2021 Amount Earned | IRS W-2 Attached? |
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00</i> | <input checked="" type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

* If more space is needed, attach a separate page with your name and Social Security Number at the top

Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

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

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Submit to: College of Menominee Nation
Attn: Financial Aid Office
PO BOX 1179
Keshena, WI 54135
Phone: (715) 799-6226
Fax: (715) 799-5602
Email: financialaid@menominee.edu

Identity and Statement of Educational Purpose (to be signed at CMN – Financial Aid Office)

The student must appear in person at the **College of Menominee Nation – Financial Aid Office** 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 reviewed 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 State 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 purpose and to pay the cost of attending the College of Menominee Nation for 2023-2024.

(Student's Signature)

(Date)

(Student's ID Number)

IF

the student is unable to appear in person at the **College of Menominee Nation – Financial Aid Office** 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 State of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the State of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement of Educational
(Print Student's Name)
Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2023-2024.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ On _____, before me
(Date)

, _____, personally appeared, _____,
(Notary's Name) (Name of Signer)

and provided to me on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID)
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)