

2024-2025 V5 AGGREGATE VERIFICATION

Submit this form in person or by mail:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201

Your FAFSA application has been selected by the Federal Student Aid processor for a review process called verification.

In this process Everett Community College will compare the data from your FAFSA to the information provided on this worksheet. The law states that we have the right to request this information from you before awarding Federal Student Aid. If there are differences between your FAFSA data and your financial documents, Everett Community College will send corrections electronically to the Federal Student Aid processor to have your information reprocessed.

Your Financial Aid award may be revised due to verification. To prevent your aid from being delayed, complete this form and submit it to the Everett Community College Financial Aid Office as soon as possible. We must review the requested information, under the Financial Aid program rules (34 CFR, Part 668).

A. 010E	ENT INFORMATIO				
First name			Middle name		
Last name			ctcLink ID Number		
B. STUD	ENT 2022 TAX INF	ORMATION: Choose	only one option below.		
	Option 1: Check if you (the student) filed taxes in 2022 and A) used the Data Retrieval Tool on the FAFSA, or B) attached a 2022 IRS Tax Return Transcript or a signed 2022 IRS 1040 Income Tax Return				
	Option 2: Check if you (the student) did not have income and will not, and are not required to, file a 2022 US Income Tax Return. <i>Independent students only:</i> Submit a 2022 IRS Verification of Non-Filing Letter.				
	Option 3: I (the student) was employed and had income, but am not required to file a 2022 US Income Tax Return:				
		t below: list employer(s) ar I 2022 W-2 and 1099 Form	nd the amount that was earned in 2 ns	022	
	2022 Stud	ent Income (required to	complete if you checked Option	n 3):	
Student E	Employer 1	Amount Earned	Student Employer 2	Amount Earned	
		\$		\$	
If yes, you Return tra	are required to submit a nscript and including this		ncome Tax Return. Rollovers are no mount of aid you may be eligible to		
NOTE: If	you are considered a	Dependent student and	parent information was required	on the 2024-2025	

FAFSA, you must provide parent tax information and a parent signature (see section F, page 4). This form will

be incomplete if the information is not received.

C. HOUSEHOLD INFORMATION: Choose only one option and fill out the chart accordingly.				
	I am a Dependent student and parent information was required on the FAFSA.		I am an <i>Independent student</i> and parent information was <i>not</i> required on the FAFSA.	
•	Yourself Your parent(s). If your parents are divorced, list the parent you lived with the most during the last 12 months. If you did not live with one parent more than the other, indicate the parent who provided more than half of your support during the last 12 months. If your parent is remarried, include your step-	•	Your spouse (if married) Your children, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, even if they do not live with you Other people – if other people currently live with you and you provide (and will continue to	
•	If your parent is remarried, include your step- parent If your parents are unmarried but live together, list both parents Your parent(s)' other children if they will provide more than half of their support between July 1, 2024 and June 30, 2025, or if the children would be required to provide parental information on the 2024-2025 FAFSA.		you and you provide (and will continue to provide) <i>more than half of their support</i> between July 1, 2024 and June 30, 2025	
•	Other people – if other people currently live with your parent(s) and they provide (and will continue to provide) more than half of their support			

between July 1, 2024 and June 30, 2025

List the full name of each household member	Age	Relationship (i.e., parent, sibling)	Is family member in college and enrolled at least half time?	If you have other family members in college at least half-time, please list the college name. Enrollment could be verified.
		Self	X	Everett Community College

If *Other People* were listed, fill out section D on page 3 of this form. Documentation of support may be requested. **Not providing this information will exclude this person from being included in the household size.**

D. OTHER PEOPLE: This	section is required if oth	er people were listed in the household chart.
documentation of support for tho	se included. Write a statemer	ecifically defined in the previous section, you must provide nt explaining the circumstances as to why you or your is person is supported (food, shelter, and health insurance).
If more space is required than th	e box below, please attach ar	additional document.
unable to, they must sign in	the presence of a Notary	
E. IDENTITY AND STATE	WENT OF EDUCATION	AL PURPOSE: To be signed at EvCC
government-issued photo identified EvCC ID is not acceptable. EvCC	ication, such as, but not limite C will maintain a copy of the s	lege (EvCC) to verify their identity by presenting valid d to, a driver's license, other state-issued ID, or passport. tudent's government-issued photo ID notated with the date uthorized to collect the student's ID.
In addition, the student must sign	n, in the presence of the institu	ution official, the following:
_	•	•
	Statement of Educ	ational Purpose
I certify that I,		, am the individual signing this Statement of Educational
	nt Printed Name)	, and the manner of groung and other or a large of the control of
Purpose and that the federal stud to pay the cost of attending Ever		y receive will only be used for educational purposes and 2024-2025 academic year.
STUDENT CERTIFICATIO	N : Electronic signatures	cannot be accepted.
By signing this worksheet, I affirm information supplied is true and of		d, and agreed to this form in its entirety and that the
Student Signature		Date
OFFICE USE ONLY		
	did sign the Statement of Educati	ional Purpose in my presence. I have also verified and collected a
Employee's Printed Name	Employee's Signature	 Date

F. PARENT 2022 TAX INFO	ORMATION: Only requi	ired for Dependent students	. Choose one option.			
1 1	Option 1: Check if you (the parent) filed taxes in 2022 and A) used the Data Retrieval Tool on the FAFSA, or B) attached a 2022 IRS Tax Return Transcript or a signed copy of your 2022 IRS 1040 Income Tax Return					
Income Tax Return.	Option 2: Check if you (the parent) did not have income and will not, and are not required to, file a 2022 US Income Tax Return. • Submit a 2022 IRS Verification of Non-Filing Letter. This free letter can be obtained from the IRS.					
Complete the c Submit a 2022 Attach copies	chart below: list employer IRS Verification of Non-Fi of all 2022 W-2 and 1099 F	ot required to file a 2022 Federal If (s) and the amount that was ear ling Letter. This free letter can I forms complete if you checked Option	rned in 2022 be obtained from the IRS.			
Parent 1 Employer(s)	Parent 1 Amount Earned	Parent 2 Employer(s)	Parent 2 Amount Earned			
1.	\$	1.	\$			
2.	\$	2.	\$			
If yes, you are required to submit	a copy of your 2022 IRS 104 ng this rollover could affect 040 Income Tax Return is a		are not documented on the			
By signing this worksheet, I affirm information supplied is true and c		od, and agreed to this form in its e	ntirety and that the			
Parent Signature		Date	_			

G. IDENTITY AND STATEMENT OF PURPOSE: To be signed in the presence of a Notary

If the student is unable to appear in person at Everett Community College to verify their identity, the student must provide:

- (a) A copy of the valid government-issued photo identification that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport (Everett Community College ID is not acceptable); and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I,	, am the individual signing this Statement of Educational
	cial assistance I may receive will only be used for educational purposes and to ity College for the 2024-2025 academic year.
 Student's Signature	
NOTARY'S CERTIFICATE OF A	CKNOWLEDGMENT
State of	
City/County of	
On , befor	re me,
(Date)	(Notary's Name)
personally appeared,	, and provided to me
	(Printed Name of Signer)
on basis of satisfactory evidence of ident	(Type of government-issued photo ID provided)
to be the above-named person who sign	
WITNESS my hand and official seal (seal)	
	My commission expires on
(Notary Signature)	(Date)

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADAcoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity