

#### Office of Financial Aid

1500 Ralston Ave, Belmont, CA 94002 Website: <a href="https://www.ndnu.edu/plan-your-finances/">www.ndnu.edu/plan-your-finances/</a> Email: finaid@ndnu.edu
Telephone: (650) 508-3441
Fax: (650) 508-3635

## 2023-2024 V5 Aggregate Verification Worksheet

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for verification, a process in which the Office of Financial Aid must obtain documentation to ensure the accuracy of the information submitted on your FAFSA. The information provided on your FAFSA will be compared with the information on the required documents you submit. If there are differences between the FAFSA and the documents, your FAFSA information may be updated. Please contact the Office of Financial Aid as soon as possible if you have any questions regarding verification so your financial aid is not delayed.

Stude	nt's Information	_				
Last N	ame	First Name	Midd	dle Initial	Student ID	
Street Address		City	State Zip		Home/Cell Phone Number	
House	Dependent Student — even if you don't live of July 1, 2023, through J completing a FAFSA for your parents. Also include other person's sup Independent Student provide more than had Include also, any othe will continue to provide	with your parents, and other of June 30, 2024, or if the other of 2023-2024. Include children Jude any other people if they of poort and will continue to produce — List the people in your hous of of their support between Jude or people who now live with your the more than half of their support	t's household. In children if your perildren would be with your with you with you wide more than sehold. Include you and for whom port between Ju	parents will provide be required to prover of these standar our parents and you half of that person yourself, your spou une 30, 2024, even m you are providing uly 1, 2023 and Jun	ur parent(s) (including a stepparent) e more than half of their support from vide parental information if they were rds even if the children do not live with ur parents provide more than half of s's support through June 30, 2024. Use (if married), and children if you will in if the children do not live with you. If the children do not live with you. If the children half of their support and the 30, 2024.	

**Number in College:** Include in the space below information about any household member who is, or will be, enrolled <u>at least half</u> <u>time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

Full Name	Age	Relationship to	College (if applicable)	Enrolled at least half-time?
		Student		(Yes/No)
		Self	Notre Dame De Namur University	

Note: The Office of Financial Aid may require additional documentation if there is reason to believe the information regarding the household members supported by the student/spouse and/or household members enrolled at eligible postsecondary educational institutions is inaccurate.

# Student's (and spouse's, if married) Income Information

Check the appropriate box below and provide the requested information and documentation:

	I /We used the IRS Data Retrieval Tool to transfer my/our 2021 income information to the FAFSA.						
	I/We are unable or chose not to use the IRS Data Retrieval Tool to transfer my/our 2021 income information to the FAFSA						
	I/We will provide a copy of the 2021 IRS Tax Return Transcript, or a signed copy of the 2021 income tax return, applicable						
	schedules, and wage statements.		•				
	I (and, if married, the student's spouse) was not employed	d and had no income earned fro	m work in 2021. I/We have				
	provided a copy of my IRS Verification of Non-Filing Letter						
	I (and, if married, the student's spouse) will not file and are not required to file a 2021 income tax return with the IRS. I/We						
	were employed in 2021 and have listed below the names of all employers, the amount earned from each employer in 2021						
	and whether an IRS W-2 form or an equivalent document	is provided. I/We have provided	d a copy of my IRS Verification of				
	Non-Filing Letter for 2021.						
	Employer's Name	2021 Amount Earned	IRS W-2 Provided (Yes/No)				
			+				
	Total Amount of Income:	\$					
			•				
Paren	ts' Income Information (Dependent Students On	lv)					
	de montation (Bependent Stadents On	• • • • • • • • • • • • • • • • • • • •					
Chack t	he appropriate box below and provide the requested info	rmation and documentation:					
	I/We used the IRS Data Retrieval Tool to transfer my/our 2		FAFSA				
	••						
☐ I/We are unable or chose not to use the IRS Data Retrieval Tool to transfer my/our 2021 income inform I/We will provide a copy of the 2021 IRS Tax Return Transcript, or a signed copy of the 2021 income tax							
	schedules, and wage statements.						
_	of Non-Filing Letter for 2021 (for independent students or	· · · · · · · · · · · · · · · · · · ·	aca a copy or my mo vermoution				
	I/We will not file and are not required to file a 2021 income tax return with the IRS. I/We were employed in 2021 and have						
	listed below the names of all employers, the amount earned from each employer in 2021, and whether an IRS W-2 form or						
	an equivalent document is provided. I/We have provided a copy of my IRS Verification of Non-Filing Letter for 2021.						
	Employer's Name	2021 Amount Earned	IRS W-2 Provided (Yes/No)				
	. ,		, , ,				
	Total Amount of Income:	\$					

### Identity and Statement of Educational Purpose (To be signed at the Institution)

The student must appear in person at the Office of Financial Aid at Notre Dame De Namur University 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, state issued photo ID, or passport. Notre Dame De Namur University will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the following:

	Statement of Educational Purpose			
I certify that I	am the individual signing this statement of Educational Purpose and			
Print Student's No	ате			
that the federal student financial assistance	ce I may receive will only be used for educational	purposes and to pay the cost of a	attending	
Notre Dame De Namur University for 2023	3-2024.			
Student's ID number	Student's Signature	 Date		
I certify that the copy above is a true and a	accurate representation of the student's governr	nent issued identification.		
Office of Financial Aid Staff Name	Office of Financial Aid Staff Signature	 Date		

### Identity and Statement of Educational Purpose (To be signed in the Presence of a Notary)

If the student is unable to appear in person at the Office of Financial Aid at Notre Dame De Namur University to verify his or her identity, the student must provide the following:

- 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, state issued photo ID, or passport; and
- The original Statement of Educational Purpose provided below 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.

	State	ement of Educational Purpose		
I certify that I		am the individual signing	this statement of Education	nal Purpose and
Print Stua	lent's Name			
that the federal student financial a Notre Dame De Namur University f		eive will only be used for educati	onal purposes and to pay th	e cost of attending
Student's ID number		Student's Signature	Date	_
	Notary's	Certificate of Acknowledgemer	nt	
State of	city/co	ounty of		
On	, before me,	Notary's Name	personally appeared,	
Date		Notary's Name		
	,	and provided to me on basis of s	satisfactory evidence of	
Printed Name of Signer				
identification		to be the above-n	amed person who signed th	ıe
	nt-issued photo ID pr			
foregoing instrument.				
Witness my hand and official seal:				
,				
		Notary Signature		
	My comr	nission expires on		
	IVIY COITII	Date		
Contification and Cianatura				
Certification and Signature				
By signing below, I/we certify the in Financial Aid to perform necessary on this form or on my FAFSA or CAI denial, reduction, withdrawal, and, information I/we may be fined, ser	electronic ISIR corr DAA. I/we realize the for repayment of m	rection on my behalf. I/we agree nat any false statement or failure ny financial aid. I/we also undersi	to provide proof of any info to give proof when asked n	rmation reported nay be cause for
Student Signature	 Date	Parent Signature (required if a de	pendent student)	 Date

or Spouse Signature (optional if married)