



North Central College
Office of Financial Aid
 30 North Brainard Street
 Naperville, IL 60540
 Phone: (630) 637-5600
 FAX: (630) 637-5608
 Email: finaid@noctrl.edu

INSTITUTIONAL VERIFICATION FORM (IVF) Academic Year 2018-19

Instructions and Important General Information:

- ◆ **Do not leave ANY items blank** - If the answer to a particular question is zero, please write a "0" in the space provided. If the question doesn't pertain to your situation, write N/A. **Incomplete forms will be returned.**
- ◆ **Complete and return this form along with all other requested information to the Office of Financial Aid**

Section A: Student Demographic Information

Student's Full Name _____
 Social Security # _____ **North Central Student ID#** _____
 Home Address _____ Home Phone # _____
 City _____, State _____ Zip _____ Cell Phone # _____
 E-Mail Address _____ Date of Birth _____

1. Academic Status for 2018-19 (Please check one)

- Entering First-Year Student Entering Transfer Student Continuing Undergraduate
 Teacher Certificate (must have a BA degree) Second Degree (must be admitted as a degree candidate)
 Graduate Student (Please circle one: **MBA MNM MIS MSCS MALS MLD MAED**) (**Graduate Certificate** ineligible for assistance)

2. Where will you be living during the academic year?

Campus Residence Halls With Parents Off-Campus House/Apt I own my own house Study Abroad
For _____ Term

3. When will you complete your degree requirements at North Central College? Month _____ / Year _____

4. How many credit hours do you expect to register for each term?

(**Full-time** enrollment for undergraduates = 8-12 credit hrs. /term; for graduates = 6 credit hrs. /term)
 (**Half-time** enrollment for undergraduates = 4 credit hrs. /term; for graduates = 3 credit hrs. /term)

_____ **Summer '18** _____ **Fall '18** _____ **Winter '19** _____ **Spring '19**

Summer begins North Central College's academic year. Most students do not attend the Summer Term. You must be at least half-time to receive aid in summer.

If you are taking summer courses at NCC, where will you live? Campus Residence Hall Off Campus

5. List amounts of outside assistance from sources other than North Central College or awarded through the FAFSA you know you will receive in 2018-19. Include source and amounts of outside scholarships, outside awards, tuition benefits, or benefits from any organization (including ORS) _____

6. Will you receive Veterans' Education Benefits from July 1, 2018 through June 30, 2019? Yes No

If yes, list the benefits you expect to receive. Amount per month \$ _____ Number of months _____
 If yes, what chapter do you receive benefits under? _____

Please return this completed *Institutional Verification Form* to the Office of Financial Aid at the above address.

Section B: Household Size Information

✦ **Must be Completed in its Entirety!** ✦

Dependent Students – (Parent data included on FAFSA)

List all people in parents' household including:

•The student •The parents (including stepparent), even if the student does not live with parents •Parents' other children if parent will provide more than half of the children's support from 7/1/18-6/30/19, or if the other children would be required to provide parental information if they were completing a 2018-19 FAFSA. Include children who meet either of these standards even if they do not live with the parents •Other people if they now live with the parents and the parents provide more than half of the other people's support and will continue to do so through 6/30/19. ***PLEASE NOTE: Parents cannot be considered in the number in college.**

Independent Students – (Parent data not included on FAFSA)

List below all people in the student's household including:

•The student •Student's spouse (if student is married) •The student's or spouse's children if student or spouse will provide more than half of the children's support from 7/1/18-6/30/19, even if the children do not live with the student •Other people if they now live with the student & the student or spouse provides more than half of the other people's support and will continue to do so through 6/30/19.

Name of Family Member Include all family members even if they will not be attending college.	Relationship to student	Age	If the family member will be enrolled at an eligible College/University, at least half-time, in a degree-seeking program between 7/1/18 and 6/30/19, list the institution below*
1. STUDENT'S NAME: _____	SELF		NORTH CENTRAL COLLEGE
2.			
3.			
4.			
5.			
6.			

Check this box if there are more than six family members, and attach a list of the additional members.

Section C: Tax Filing Status (Dependent students must complete both the student and parent sections below.)

	<u>STUDENT (and/or SPOUSE)</u>	<u>PARENT(S)</u>
Were you required to file a 2016 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you file a <u>2016</u> federal income tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
<small>If you were not required to file per IRS rules, please submit a signed/dated statement confirming all sources and amounts of income in 2016. Additionally, submit copies of all W-2's.</small>		
Did you work in <u>2016</u>? If yes, submit all W2's.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you self-employed in <u>2016</u>? If you answered YES, submit copies of the Schedule C or SE from your <u>2016</u> federal tax return.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were any earnings from the Federal Work Study Program?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you have any taxable student grant and scholarship aid reported to the IRS as part of the adjusted gross income (i.e. wages from fellowships, etc.)? This is not the education tax credit nor the amount from the 1098-T.	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Section D: Verification of Other Income

✦ If an item does not apply, please write "n/a" ✦

	Student (and/or spouse)		Parent(s) of Student	
	YES	NO	YES	NO
Food Stamps (SNAP) If yes in 2016 or 2017 for any member of household, you may be required to provide documentation				
Indicate the amount of child support RECEIVED for all children in 2016 .	Amount Received \$		Amount Received \$	
Indicate the amount of child support PAID for all children during 2016 .	Amount Paid \$		Amount Paid \$	
If child support was PAID/REC'D in 2016 , list the name(s) of the child(ren) the support was paid for, the person the support was paid to and who paid support to the recipient. Do not include support paid for children in your household as reported in Section "B" above.	Child: _____ Child: _____ Recipient Name: _____ Person who PAID: _____		Child: _____ Child: _____ Recipient Name: _____ Person who PAID: _____	
List any payments to tax deferred pension and retirement savings plans 401(k) or 403(b) plans including, but not limited to amounts reported on W-2 forms, boxes 12a-12d with codes D, E, F, G, H, and S.	Amount \$		Amount \$	
Indicate the amount of untaxed housing, food and other living allowances paid to you in 2016 for being a member of the military or clergy.	Amount Received \$		Amount Received \$	
Indicate the yearly amount of untaxed Veteran non-education benefits (disability, death pension, DIC) RECEIVED in 2016 .	Amount Received \$		Amount Received \$	
Indicate any other type of UNTAXED income such as workers' compensation, disability, etc. or money received or bills paid on your behalf in 2016 . SOURCE: _____	Amount Received \$		Amount Received \$	
In 2016 , did you make a withdrawal from a pension fund or receive an IRA distribution (lines 15 or 16 of 1040 or lines 11 and 12 of 1040A)? Calculate 15a/16a minus 15b/16b or 11a/12a minus 11b/12/b to figure the untaxed distribution. EXCLUDE ROLLOVERS.	Amount Withdrawn \$		Amount Withdrawn \$	
List any tax exempt interest income (1040 line 8b, 1040A line 8b)	Amount \$		Amount \$	

Section E: Disclosure information

If I, the student, am a recipient of Federal Title IV funds, I authorize North Central College to retain any credit balance funds from my Title IV aid and apply these funds to any institutional charges I incur during the terms covered by the grants and/or loans. If my student account has a credit balance after the current term's charges are paid, I understand that I should contact the Business Office to ensure that the credit balance is returned to me at the address I choose.

I understand that these authorizations will remain in effect throughout my enrollment at North Central College. I understand that I can rescind this authorization by notifying the Financial Aid Office in writing at any time.

Section F: Certification Section

I/We, hereby certify that all of the information that is provided on the *Institutional Verification Form* and the *Free Application for Federal Student Aid* is true, complete and correct to the best of my/our knowledge. I certify that I am in compliance with all IRS tax filing regulations. If asked, I/we agree to give proof that the information is correct. I/We, allow the financial information provided to be discussed with all parties which provided data to complete the application. I further certify that I have received a high school diploma or G.E.D. certificate and that I will be enrolled as a degree student in a degree-seeking program at North Central College. I realize that until all requested information has been submitted, reviewed and verified that no estimated financial assistance will be credited to my student account. **I understand that if corrections need to be made to my FAFSA results, the Financial Aid Office will make all necessary corrections.**

_____ Applicant's Signature	_____ Date	_____ Father's (Stepfather's) Signature	_____ Date
_____ Spouse's Signature (If applicable)	_____ Date	_____ Mother's (Stepmother's) Signature	_____ Date

Please see reverse for additional information on special circumstances your family may be experiencing

Special Circumstances:

Separate forms are required to address the following circumstances. Please visit the Office of Financial Aid to obtain the necessary forms. The forms are also available on the Web at <http://northcentralcollege.edu/financial-aid/forms>

- Your family will have private school tuition expenses for a sibling at an elementary or secondary school in 2018-19;
- Your family paid excessive medical and/or dental expenses in 2017, not covered by insurance (must exceed 10% of your family's adjusted gross income);
- A member of your family has experienced a decrease in income for calendar year 2018 (become unemployed, taken a lesser paying job, disabled, etc.);
- You or your parents have become separated/divorced since completing FAFSA;
- You have unusual circumstances not covered in this form that would affect your eligibility for student financial aid.