



INSTITUTIONAL VERIFICATION FORM (IVF) Academic Year 2020-21

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 does not 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 _____

North Central Student ID# _____

Home Address _____

City _____ State _____ Zip _____ Phone # _____

E-Mail Address _____ Date of Birth _____

1. Student Status for 2020-21 (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 (**Graduate Certificate** ineligible for assistance)

2. Where will you be living during the academic year

Campus Residence Halls
 With Parents
 Off-Campus House/Apt
 Study Abroad (► For _____ Semester)

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

4. What is your expected enrollment each semester?

Full-time (FT) = 12+ credit hrs. /semester

Half-time (HT) = 6-11 credit hrs. /semester

Summer 2020*
 Fall Semester 2020
 Spring Semester 2021

* 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.

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

Section B: Household Size Information

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 7/1/20-6/30/21, or if the other children would be required to provide parental information if they were completing a 2020-21 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 6/30/21. ***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 7/1/20-6/30/21, 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 6/30/21.

➤ **Chart must be completed in its entirety with ALL household members listed!** ⬅

Name of Family Member Include all family members even if they will not be attending college.	Relationship to student	Age	NAME of the College family member will be enrolled at least half-time, in a degree-seeking program between 7/1/20 and 6/30/21. Please enter n/a if not enrolling.
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 2018 federal tax return?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did you file a 2018 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 2018. Additionally, submit copies of all W-2's.</small>		
Did you work in 2018? 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 2018? <u>If you answered YES, submit copies of the Schedule C or SE from your 2018 federal tax return.</u>	<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
Food Stamps (SNAP) If yes in 2018 or 2019 for any member of household, you may be required to provide documentation	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Indicate the amount of child support RECEIVED for all children in 2018 .	Amount Received \$	Amount Received \$
Indicate the amount of child support PAID for all children during 2018 .	Amount Paid \$	Amount Paid \$
If child support was PAID/REC'D in 2018 , 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 2018 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 2018 .	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 2018 . SOURCE: _____	Amount Received \$	Amount Received \$
In 2018 , did you make a withdrawal from a pension fund or receive an IRA distribution EXCLUDE ROLLOVERS . 1040 Line 4a-4b.	Amount Withdrawn \$	Amount Withdrawn \$
List any tax exempt interest income (1040 line 2a)	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.**

Original Signatures Required:

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 2020-21;
- Your family paid excessive medical and/or dental expenses in 2019, 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 2020 (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.