Walla Walla Community College

WWCC – Financial Aid Office 500 Tausick Way Walla Walla, WA 99362

Complete and return to:

Fax: (509) 527-1875
Email: financial.aid@wwcc.edu

Phone: (509) 527-4301

V5D Aggregate Verification

2024-2025 Dependent Verification Worksheet

Your application was selected for review in a process called verification. In this process, the financial aid office will compare information from your FAFSA® with your 2022 IRS tax information. The law gives the college the right to ask you for this information before awarding Federal Aid. If there is a difference between your FAFSA® and IRS tax information, the college will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The financial aid office cannot process your application without this information.

If we have reason to believe that any of the information provided is not accurate, we may require you to provide additional documentation to our office.

Federal regulations require WWCC to retain original copies of this verification worksheet and all required documentation.

If you are unable to appear in person at WWCC to submit the required documentation, your notarized paperwork **MUST** be mailed to:

WALLA WALLA COMMUNITY COLLEGE ATTN: FINANCIAL AID OFFICE 500 TAUSICK WAY WALLA WALLA, WA 99362

FAXED OR SCANNED/EMAILED FORMS WILL NOT BE ACCEPTED!

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's ctcLink ID	
Student's Phone Number	Student's	last 4 of SSN	Student's Date of Birth	

B. Dependent Student's Family Size

List below **ALL** of the people in your contributing parent(s)' family. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with them.
- Your parents' other children if: (A) they live with your parents, (B) your parent(s) provide more than half of their support and will continue to through June 30, 2025, or (C) they would be required to provide parental information if they were completing a FAFSA® for 2024–2025.
- Other people if they live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Full Name	Age	Relationship
Missy Jones (example)	18	Sister
		Self

Student's Name:			ID:	
C. Dependent Student's Verification of 20	022 Income Inform	ation		
Check the box that applies:				
My income and tax information were documentation required.]	imported directly from	m the IRS when co	mpleting the FAFS	A® form. [No additiona
I am providing income tax information	n that was unavailable	e or could not be in	nported from the I	RS:
Check here if a signed copy of	2022 Income Tax Retu	urn and schedules	is attached.	
Check here if a 2022 IRS Tax Re	eturn Transcript(s) red	ceived from the IRS	is attached.	
I will not file and/or am not required to statement certifying that you have nearned from work and the amount of	<u>ot filed and are not re</u>	equired to file, as v		
Check here if you were not em	ployed and had no inc	come earned from	work in 2022.	
Check here if you were employ [Required: Provide copies of a			and all income re	ceived in 2022 below.
If more space is needed, provid	e a separate page wit	h the student's na	me and ID number	at the top.
Employer's Name		IRS W-2 Provided?	2022 Amount Earned	
				_
	Total 2022 Income			
Important Note: The instructions below apply tax returns for 2022, provide the requested in parent who has had a change in marital status Check the box that applies: Parents' income and tax information additional documentation required.] Parent(s) providing income tax information	after the end of the 2 were imported directl	arent. Notify the F 022 tax year on De y from the IRS whe	inancial Aid Office ecember 31, 2022. en completing the	FAFSA® form. [No
Check here if a signed copy of	2022 Income Tax Retu	urn and schedules	is attached.	
Check here if a 2022 IRS Tax Re	eturn Transcript(s) red	ceived from the IRS	is attached.	
Parent(s) will not file and/or are not r dated statement certifying that pare income earned from work and the ar	nt has not filed and a	re not required to	·	
Check here if parent was not en			n work in 2022.	
Check here if parent was emplo	oyed in 2022. Please l	ist employer(s) and		ved in 2022 below.
If more space is needed, provid	e a separate page wit	h the student's na	me and ID number	at the top.
Employer's Name	F	Parent employed	IRS W-2 Provided?	2022 Amount Earned
		Tot	al 2022 Income	

Student's Name:		ID:
E. Identity and Statement of Educ	cational Purpose – choose one	
Identity and Statement of Educa	ational Purpose (To be signed at the in	stitution)
government-issued photo identification (institution will maintain a copy of the stude and the name of the official at the institut	(ID), such as, but not limited to, a driver's lident's photo ID that is annotated by the institut	nis or her identity by presenting unexpired valid cense, other state-issued ID, or passport. The tion with the date it was received and reviewed, dent's ID. In addition, the student must sign, in ed below.
☐ Identity and Statement of Educa	ational Purpose (To be signed in the pr	esence of a Notary)
provide to the institution: a) A copy of the unexpired valid go below, or that is presented to a n b) The original Statement of Educat	government-issued photo identification (ID) to notary, such as, but not limited to, a driver's l tional Purpose provided below, which must tatement of Educational Purpose, there must	to verify his or her identity, the student must that is acknowledged in the notary statement icense, other state-issued ID, or passport; and be notarized. If the notary statement appears at be a clear indication that the Statement of
l certify that l	Statement of Educational Purpo (Print Student's Name)	DSE am the individual signing this
-	nd that the federal student financial assistance cost of attending WALLA WALLA COMMUNI	
Student's Signature	Date	
ı	Notary's Certificate of Acknowledger	nent
State of	City/County of	
On	, before me,	
(Date)		(Notary's name)
personally appeared,	(Printed name of signer)	, and provided to me on basis of
satisfactory evidence of identification		to be the above-named person who
signed the foregoing instrument.	(Type of government-issued photo ID provided)	
WITNESS my hand and official seal		

(Walla Walla Community College does not reimburse for any fees associated with the notarizing process.)

My commission expires on __

(Notary signature)

(Date)

(seal)

ent's Name:	ID:
Certification and Signatures	
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA® must sign and date.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
Print Student's Name	Student's ID Number
Student's Signature	Date
Parent's Signature	Date
nternal Use Only	
☐ I certify that I,	, verified and documented the identification of the
student who signed the Statement of Educational Purpose.	☐ Identification attached
☐ The student submitted original notarized documentation.	acconed
Signature of WWCC Financial Aid Official	Date