



## Aggregate Verification Group – V5

**2025-2026**

183 College Drive • De Queen, AR 71832 • 870.584.4471 • 800.844.4471 • Fax 870.642.8766

Email: FinancialAid@cccua.edu

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need correcting. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may request additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

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Student's Last Name	First Name	M.I.	Student's Identification (ID) Number
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Student's Street Address (include apt. no.), City, State, Zip Code	Student's Phone Number
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**Parent information is required on this form ONLY if the student was required to provide parental information on the FAFSA.**

**Family Size: Includes the following: Check the appropriate box and provide the requested information**

**Dependent Student:** ☐

- The student.
- The student's parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.

**Independent Student:** ☐

- The student.
- The student's spouse, if applicable
- The student's dependent children if the following are true:
  - They live with the student (or live apart because of college enrollment)
  - They receive more than half of their support from the student; and
  - They will continue to receive more than half their support from the student during the award year.
- Other persons if the following are true:
  - They live with the student
  - They receive more than half their support from the student; and
  - They will continue to receive more than half their support from the student during the award year.

The provided criteria for “dependent children” or “other persons” align with the requirement that family size align with whom the parent or student could claim as a dependent on a U.S. tax return if the student were to file a U.S tax return at the time of completing the 2025-2026 FAFSA. As a result, the student should not include any unborn children in the family size.

Full Name	Age	Relationship	
		<i>Self</i>	

**Please check the box(es) below that describes the tax filing status on the FAFSA for the student, spouse (if applicable), and each parent(s) (if applicable).**

**Ex: If student is independent and single, check one box for student. If student is married, check one box for student and one box for spouse. If student is dependent, check one box for student and one or two boxes for parent(s), depending on their marital status**

	Student	Spouse	Parent 1	Parent 2
With my consent and approval; my 2023 federal tax information (FTI) was transferred to my FAFSA via Future Act Direct Data Exchange (FA-DDX)				
I was unable to use the FA-DDX and manually entered my income and tax data. I will submit a signed copy of my 2023 tax return and any other required W-2s/schedules. (Due to current marital status).				
I worked in 2023 but did not (and was not required to) file a 2023 tax return. If checked, please complete the chart below. I will provide verification of non-filing as described below.				

I was not employed and had no income earned from work in 2023. I will provide verification of non-filing as described below.				
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**If you worked in 2023, but did not file taxes:**

List every employer, even if the employer did not issue an IRS W-2 form. If more space is needed, provide a separate page with the student's name and ID number at the top.

Employee's Name	Employer's Name	Annual Amount Earned in 2023	IRS W-2 or Equivalent Document Provided?
<i>Student/Spouse or Parent's Name (example)</i>	<i>Suzy's Auto Body Shop</i>	<i>\$4500.00</i>	<i>Yes</i>

**If you did not file a 2023 tax return:**

Provide a signed and dated statement certifying that the individual has not filed and is not required to file a 2023 income tax return, as well as the sources of 2023 income earned from work and the amount of income from each source.

\_\_\_\_ Check here if a non-filing letter is provided.

\_\_\_\_ Check here if a non-filing letter will be provided later.

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**Certification and Signature**

Each person signing below certifies that all of the information reported is complete and accurate. The student and one parent (if applicable) must sign and date. I give the CCCUA Financial Aid Office authorization to make necessary corrections.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



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### **Identity and Statement of Educational Purpose (to be signed at the institution)**

**\*Complete this section only if you are bringing this form to campus.\***

The student must appear in person at **Cossatot Community College of the University of Arkansas** 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, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

**In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.**

#### **Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2025-2026 academic year..

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

#### **UAC Financial Aid Office Use Only:**

I verify that this student, is the said student, which has signed and dated the above document.

\_\_\_\_\_  
(Signature/Title)

\_\_\_\_\_  
(Date Received)

**Office signature required when form is completed in person**

**Identity and Statement of Educational Purpose (To Be Signed in the Presence of a notary)**

**\*Complete this page only if you are mailing in this form.\***

If the student is unable to appear in person at Cossatot Community College of the University of Arkansas to verify his or her identity, the student must provide to the institution:

- (a) 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, other state-issued ID, or passport; and
- (b) The original Statement of Educational Purpose provided below, which 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.

**Identity and Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Cossatot Community College of the University of Arkansas for 2025-2026.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ City/County of \_\_\_\_\_ On \_\_\_\_\_,  
(Date)

before me, \_\_\_\_\_ personally appeared,  
(Notary's Name)

\_\_\_\_\_, and provided to me on the basis of satisfactory evidence of  
(Printed Name of Signer)

identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of unexpired government-issued photo ID provided)

foregoing instrument. **WITNESS my hand and official seal**

(Seal)

My commission expires on \_\_\_\_\_

(Date)

\_\_\_\_\_  
(Notary Signature)