

## VERIFICATION FORM 2023-2024

### AGGREGATE VERIFICATION GROUP| V5

#### A. GENERAL INFORMATION

Student

(First Last Name)
(Second Last Name)
(Name)
(Middle Initial)

Banner® ID

Social Security

Date of Birth  /  /  | Telephone  Cell Phone

(mm) (dd) (yyyy)

Mailing Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Dependency Status	Indicate if you are a: <input type="checkbox"/> dependent or an <input type="checkbox"/> independent student.
Housing	While studying at Pontifical Catholic University of Puerto Rico, I will live: <input type="checkbox"/> With parents/relatives <input type="checkbox"/> On Campus  PCUPR <input type="checkbox"/> On own house/private lodging

#### B. FAMILY COMPOSITION

Provide the requested information for each member of your family group who currently live in the household and who are also financially dependent (of more than 50%) of the family income during the 2023-2024 year.

Full name	Age	Relationship (to student)	Postsecondary Institution (Does not apply to parents).	Enrolled, at least, half time?	
		* Applicant	PCUPR	<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

#### C. INCOME RECEIVED DURING 2021.

**By the dependent (not the parents)**

I filed a Federal and/or a Puerto Rico Income Tax Return<sup>1</sup>.

I did not file, nor am I required to file, a Federal and/or a Puerto Rico Income Tax Return\*.

\* If you worked and did not file income tax returns, please complete the following information:

Employer Name	Amount received on 2021.	Did you received a W2 or an equivalent?	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total amount received:		\$	

<sup>1</sup>Present copy of the Puerto Rico Income Tax Return (2021) and/or a copy of the IRS Income Tax Return or IRS Income Tax Return Transcript (2021).

**By the parents of a dependent student (not by the student)**

- I filed a Federal and/or a Puerto Rico Income Tax Return<sup>2</sup>.  
 I did not file, nor am I required to file, a Federal and/or a Puerto Rico Income Tax Return\*.

\* If you worked and did not file income tax returns, please complete the following information:

Employer Name	Amount received on 2021.	Did you received a W2 or an equivalent?	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total amount received:		\$	

**By the independent student and spouse**

- I filed a Federal and/or a Puerto Rico Income Tax Return<sup>2</sup>.  
 I did not file, nor am I required to file, a Federal and/or a Puerto Rico Income Tax Return\*.

\* If you worked and did not file income tax returns, please complete the following information:

Employer Name	Amount received on 2021.	Did you received a W2 or an equivalent?	
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Total amount received:		\$	

**D. CERTIFICATION**

Read, carefully, and sign:

- I CERTIFY that, to the best of my knowledge, the information provided on this form is complete and correct.
- I UNDERSTAND that, if I provide false misleading information in order to received financial aid, I may be fined, sentenced to prison, or both.
- I am the person who signs this document and I understand that the federal aid that I could receive at the **Pontifical Catholic Univesity of Puerto Rico** is for the purpose of paying my study costs at the institution for the 2023-2024 academic year.
- I authorize the **Financial Aid Office** of the **PCUPR**, as agent in the administration of federal and state funds, to obtain, if necessary, a copy of the Puerto Rico Income Tax Return filed by me to the Puerto Rico Treasury Department, a copy of the IRS Income Tax Return, or any additional information or document, for the corresponding year.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

<sup>2</sup>Present copy of the Puerto Rico Income Tax Return (2021) and/or a copy of the IRS Income Tax Return or IRS Income Tax Return Transcript (2021).

**E. IDENTITY VERIFICATION AND STATEMENT OF EDUCATIONAL PURPOSE**

(To be signed at the Institution.)

The student must appear in person, at **Pontifical Catholic University of Puerto Rico**, 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 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 that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **PCUPR| Pontifical Catholic University of Puerto Rico** for 2023-2024.

Student's Signature

Date

Student's ID Number

**F. IDENTITY VERIFICATION AND STAMENT OF EDUCATIONAL PURPOSE**

(To be signed in the presence of a Notary.)

If the student is unable to appear in person, at **Pontifical Catholic University of Puerto Rico**, 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 acknowledgement 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.

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I, , am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **PCUPR| Pontifical Catholic University of Puerto Rico** for 2023-2024.

<input type="text"/>	<input type="text"/>
Student's Signature	Date
<input type="text"/>	
Student's ID Number	

**NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT**

State of \_\_\_\_\_ City/County of \_\_\_\_\_  
On, \_\_\_\_\_, before me, \_\_\_\_\_  
(Date) (Notary's name)  
personally appeared, \_\_\_\_\_, and proved to me because of  
(Printed name of signer)  
satisfactory evidence of identification \_\_\_\_\_ to be the above-named person who  
(Type of unexpired government-issued photo ID provided)  
signed the foregoing instrument.

<input type="text"/>	Witness my hand and official seal _____ <small>(Notary's signature)</small>
	My commission expires on _____.

**WARNING**  
If you purposely give false or misleading information, you may be fined, sent to jail, or both.