

DC ONEAPP AFFIRMATION/LEGAL DISCLAIMER STATEMENT

Student Information

SSN: Program(s) applied for:

First Name: Last Name: MI:

(Please Print)

AFFIRMATION STATEMENT

All DC OneApp applicants and parents, guardians, the spouses or other persons that provide more than 50 percent of the applicant's financial support of dependent DC OneApp applicants **must** sign and date this Affirmation Statement.

I do hereby affirm the following:

1. I am domiciled in the District of Columbia and it is my intention to remain domiciled in the District of Columbia.
2. I have not received my first undergraduate baccalaureate degree.
3. I am not enrolled in a graduate or professional degree program.
4. I am not in default on any loan made or guaranteed under Title IV of the Higher Education Act of 1965, and I do not owe a refund for funds previously received under Title IV; or I have made satisfactory arrangements for repayment.
5. If I am a male 18-25 years of age, I have either registered with the Selective Service or will provide documentation that complies with the rules justifying my non-registration with Selective Service, as determined by the Department of Education.
6. All information provided on this form and the attachments is accurate, complete and true to the best of my knowledge.
7. I understand that knowingly providing false information may disqualify my DC OneApp application from consideration and may make me subject to fines or imprisonment in accordance with federal and District of Columbia laws.

Signature of Applicant Signature

Date

The parent, guardian, spouse or other person that provides more than 50 percent of the applicant's financial support of dependent DC OneApp applicants must sign this Affirmation Statement.

I do hereby affirm that domicile of the DC OneApp applicant may be established through me because:

1. I am the dependent DC OneApp applicant's parent, guardian, spouse or other person that provides more than 50 percent of the applicant's financial support.
2. I am domiciled in the District of Columbia and it is my intention to remain domiciled in the District of Columbia.
3. I am a parent, legal guardian, spouse or other person that provides more than 50 percent of the DC OneApp dependent applicant's financial support and I have attached a certified copy of my DC tax return (D-40) with a Schedule S that reflects the applicant as my dependent for all qualifying years.

or

I am a parent, guardian, spouse or other person that provides more than 50 percent of the dependent DC OneApp applicant's financial support and I am not required to file a DC tax return (D-40). I have attached official documentation reflecting my income such as: TANF, food stamps, retirement/annuity, Social Security, Unemployment, Worker's Compensation Disability, or Veterans Administration.

Signature of Parent, Legal Guardian, Spouse or
Other Person providing more than 50% of the applicant's welfare

Date

By signing this Affirmation Statement you agree to provide information that will verify the accuracy of your completed DC OneApp application, if requested. This information may include your federal or DC or other state income tax returns. Also, you certify that you understand that a representative of the District of Columbia's Higher Education Financial Services (HEFS) has the authority to verify information reported on your DC OneApp with the DC Office of Tax and Revenue and other federal or local agencies. If you purposely give false or misleading information, you will be subject to penalties or fines.

LEGAL DISCLAIMER

Information on the Privacy Act and Use of Your Social Security Number:

HEFS uses the information that you provide in this Affirmation/Legal Disclaimer Statement to determine if you are eligible to receive student financial aid. Sections 483 and 484 of the Higher Education Act of 1965, as amended (Pub. L. No. 89-329), and Sections 3(f) (2) and 5(e) (2) of the District of Columbia College Access Act of 1999, as amended (Pub. L. No. 106-98; D.C. Official Code §38-2702) authorizes HEFS to ask you and your parents, legal guardians, spouse, or other person providing more than 50 percent of your welfare the questions provided in this Affirmation/Legal Disclaimer Statement, and to request your Social Security Number to verify your identity and retrieve any records to help us determine your eligibility for any and all DC Grants for which you are applying.

Consent to Share Information for Limited Purpose:

Your signature below gives your consent to authorize HEFS' disclosure of "directory" information such as a student's name, address, telephone number, date and place of birth, honors and awards, and dates of participation in our financial assistance programs.

Additionally, your signature below gives your consent to authorize HEFS' disclosure of information (you have provided us) to third parties HEFS' have authorized to assist in administering the programs for which have applied through submission of your online DC OneApp. In addition, your signature below gives your consent to authorize HEFS' disclosure to your parent(s), legal guardian(s), other person that provides more than 50% of your welfare (if you are a minor), your spouse, and colleges or universities to which you have applied for admission or in which you are enrolled, and local scholarship organizations.

In accordance with the Family Educational Rights and Privacy Act, (20 U.S.C. § 1232g; 34 CFR Part 99), your student records may be shared without consent, with the following parties or under the following conditions, including, but not limited to:

1. School officials with legitimate educational interest.
2. Other colleges or universities to which you are transferring.
3. Specified officials for audit or evaluation purposes.
4. Appropriate parties in connection with financial aid to a student.
5. Organizations conducting certain studies for or on behalf of the college or university to which you are transferring, applied for or are enrolled in.
6. Accrediting organizations.
7. To comply with a judicial order or lawfully issued subpoena.
8. Appropriate officials in cases of health and safety emergencies.
9. State and local authorities, within a juvenile justice system, pursuant to specific state law.

Legal Notice:

I understand that by submitting this statement, I am giving the District of Columbia permission to verify this statement and that the information provided in this statement is true. Any person who knowingly supplies false information to a public official in connection with student residency verification shall be subject to charges of tuition retroactively, payment of a fine of not more than \$ 500, or imprisonment for not more than 90 days, or any combination thereof. The case of a person who knowingly supplies false information may be referred to the Office of the Attorney General for consideration for prosecution (DC Official Code §38-312).

My signature below authorizes the D.C. Higher Education Financial Services, on behalf of the District of Columbia, to have full and complete access to my academic, financial and enrollment records at the college/university I attend. This is being done to assist in the successful completion of my undergraduate education.

Signature of Applicant

Date

LEAP to complete the **OneApp**, get **TAG**ged for college

Complete Your DC OneApp 3-Steps Early – Funds Are Limited!

All DC OneApp required documents must be mailed or hand delivered at the same time

www.dconeapp.dc.gov