

Financial Aid Office

2023-2024 Aggregate Verification Worksheet – V5

Return this form to:

Student Administrative Support Services - Financial Aid • 7662 Chanute Street N.E. • Moses Lake, WA 98837-3299 Phone: 509.793.2088 • Fax: 1.888.820.2896 • Email: <u>faidinfo@bigbend.edu</u> • <u>https://www.bigbend.edu/student-center/financial-aid/</u>

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for a review process called *Verification*. In this process, the Financial Aid Office (FAO) will compare information from your FAFSA with the information you provide on this worksheet and other required documents. The law says that before awarding Federal Student Aid we must complete this process and make any necessary corrections to your FAFSA. Complete this form in pen. Incomplete worksheets will not be accepted.

- If you used the IRS Data Retrieval Tool (DRT) when submitting your FAFSA and did not make any recent changes, you still need to complete this worksheet but will not need to submit additional tax information (unless requested by Financial Aid Office).
 - If you did not use the IRS DRT, you can correct your FAFSA using the IRS DRT. Go to https://studentaid.gov/h/apply-for-aid/fafsa, log in using your FSA ID, click on *Make FAFSA Correction*, select *Financial Information*, and click on *Link to IRS* to complete the process.
- If you and/or your parent(s) if dependent cannot use the IRS DRT, you must provide a <u>signed</u> and <u>dated</u> 2021 Tax Return <u>OR</u> IRS Tax Return Transcript. To request the Tax Return Transcript, go to <u>www.irs.gov</u> click on *Get Your Tax Record* and complete the directions.
- If you did not file a 2021 tax return, and are an independent student, you must provide a Verification of Non-filing Letter. If you are a dependent student and your parent(s) did not file a 2021 IRS Tax Return, you must provide a Verification of Non-filing Letter for your parent(s). To request this letter visit <u>www.irs.gov</u>, click on *Get Your Tax Record*, and complete the directions OR complete and mail-in Form 4506-T (check box 7 on the form).

A. Student Information

Last Name	First Name	M.I.	Social Security Number
Date of Birth	Phone Number (including area code)		ctcLink ID Number

Please select only one box that applies below and complete the remainder of this form accordingly.

□ I am a DEPENDENT student. You WERE required to provide parental information on the FAFSA.

- List the people in your legal parent(s)' household including:
- yourself
- your legal parent(s) (including unmarried, adoptive and/or stepparent) even if you don't live with them
- your legal parent's other children if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024, or (b) the child would be required to provide parental information on the FAFSA, even if they do not live with your parent(s)
- other people if they now live with your legal parents and your legal parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

□ I am an INDEPENDENT student. You WERE NOT required to provide parental information on the FAFSA.

List the people in your household including:

- yourself
- your spouse (if applicable)
- your children, if you will provide more than half of their support from July 1, 2023, through June 30, 2024 or if the child would be required to provide your information on the FAFSA, even if they do not live with you
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023, through June 30, 2024.

B. Family Information: List the people in your household below.

List all household members in the space(s) below based on the status you checked on previous page (Dependent or Independent). Include the college name (if any) for any member listed who will be attending college at least half time between July 1, 2023 and June 30, 2024. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	Big Bend Community College

C. Student's Tax and Income Information (all applicants)

Select only one option below that applies:

□ I used the IRS Data Retrieval Tool to submit my FAFSA.

 \Box I am attaching a <u>signed</u> and <u>dated</u> copy of my 2021 Tax Return (please include Schedule 1, 2 and/or 3 that were filed with the 1040) <u>or</u> a copy of my IRS Return Transcript.

 \Box I am an Independent student who will not file and am not required to file a 2021 U.S. Income Tax Return. I am attaching a copy of my 2021 IRS Verification of Non-filing Letter **OR** I am a Dependent student who will not file and am not required to file a 2021 Income Tax Return.

□ I earned \$0 in income during 2021

 \Box I worked in 2021 and have attached my W-2(s) for income earned from the following employer(s):

Employer Name	2021 Income
	\$

D. Legal Parent(s) or Spouse Tax and Income Information

Select only one option below that applies:

□ Your legal parent(s) or spouse used the IRS Data Retrieval Tool to submit your FAFSA.

 \Box You are attaching a <u>signed</u> and <u>dated</u> copy of your legal parent(s)' or spouse's 2021 Tax Return (please include Schedule 1, 2 and/or 3 that were filed with the 1040) <u>or</u> copy of IRS Return Transcript.

□ Your legal parent(s) or spouse will not file and are not required to file a 2021 U.S. Income Tax Return. You are attaching a copy of your parent(s)' or spouse's 2021 IRS Verification of Non-filing Letter.

□ My parent(s) or spouse earned \$0 in income during 2021

□ My parent(s) or spouse worked in 2021 and attached are their W-2(s) for income earned from the following employer(s):

Parent(s) / Spouse	Employer Name(s)	2021 Income
		\$
		\$

E. Student Identity Verification & Statement of Educational Purpose:

Select one option and complete.

□ I am appearing in person at the Big Bend Community College Financial Aid Office to verify my identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license; other state issued ID; or U.S. passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to review the student's ID. In addition, I must sign, in the presence of the institutional official, the following:

Statement of Educational Pu	irpose				
I certify that I,		(print student's name), am the individual signing this Statement of stance I may receive will only be used for educational purposes and			
Educational Purpose and that the	Federal student financial a	ssistance I may receive will only be	used for educational purposes and		
to pay the cost of attending		(Name of Postsecondary Educa	_ (Name of Postsecondary Education Institution) for 2023-2024.		
Student's Signature	Date	FA Official's Signature	Date		
Purpose. I understand I must attach driver's license; other state issued I notary statement below. NOTE: A	a copy of the valid govern D; or U.S. passport and pro ny costs incurred acquirin	ollege to verify my identity and prov ment-issued photo identification (ID ovide the Statement of Educational F og a Notary Public will not be rein ce if being notarized – no emailed), such as, but not limited to, a Purpose that is acknowledged in the abursed by BBCC; original copy		
	Federal student financial as the cost of attending	(print student's name), am the individual signing this Statement of stance I may receive will only be used for (Name of Postsecondary			
Student's Signature	Date				
Notary's Certificate of Ackn	owledgement (Original	hard copy must be mailed in -	- cannot be faxed)		
State of	City/County of		on		
	_ (date), before me		(notary's		
name) personally appeared		(printed nam	(printed name of student), and		
provided to me on basis of satisfa	actory evidence of identific	ation	(type of government-		
issued photo ID provided) to be t	he above named person wh	o signed the foregoing instrument.			
WITNESS my hand and official		Notary Public signature			
		My Commission expiration date			

F. Signatures

Each person signing this form certifies that all the information provided in this application and other financial aid documents is true and correct. I declare that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2023-2024 academic year as stated in the Conditions of Award and Satisfactory Academic Progress Policy (available on the financial aid website). **The student and at least one legal parent (if a dependent) must sign and date.**

Student Signature

Date

Date

Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following person(s) have been designated to handle inquiries regarding the non-discrimination policies. Kim Garza, Title IX Coordinator, Building 1400, Office 1449 at (509)793-2010 / kimg@bigbend.edu or Rebecca Leavell, Coordinator of Disability Services, Building 1400, Office 1472 at (509)793-2027 / rebeccal@bigbend.edu