

2024 - 2025 V5 AGGREGATE VERIFICATION

Transforming lives through excellence in teaching & learning

STUDENT SERVICES - FINANCIAL AID

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: faidinfo@bigbend.edu • https://www.bigbend.edu/student-center/financial-aid/

Your 2024-2025 application was selected for a review process called *Verification*. In this process, the Financial Aid Office (FAO) will compare information from your FAFSA/WASFA 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 application. Complete this form in pen. Incomplete worksheets will not be accepted.

- If you used the IRS Data Exchange 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 and/or your parent(s) if dependent cannot use the IRS Data Exchange, you must provide a signed and dated 2022 Tax Return OR IRS Tax Return Transcript. To request the Tax Return Transcript, go to www.irs.gov click on Get Your Tax Record and complete the directions.
- If you did not file a 2022 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 2022 IRS Tax Return, you must provide a Verification of Non-filing Letter for your parent(s). To request this letter visit www.irs.gov, 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 tha	nt applies below and	complete the i	remainder of this form accordingly.	
☐ I am a DEPENDENT student. Y	You WERE required to p	orovide parental i	information on the FAFSA.	
List the people in your legal pare	ent(s)' household including	ıg:		

- 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, 2024 through June 30, 2025, or (b) the child would be required to provide parental information on the FAFSA, even if they do not live with your
- 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, 2024 through June 30, 2025.

☐ 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, 2024, through June 30, 2025 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, 2024, through June 30, 2025.

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

List all family members in the table below based on the status you checked on the previous page (Dependent or Independent). Include the college name (if any) for any member listed who will be attending college in at least six credits between July 1, 2024 and June 30, 2025 (do not include Running Start). If you have additional family members, please 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 Exchange to submit my FAFSA.	
\square I am attaching a <u>signed</u> and <u>dated</u> copy of my 2022 Tax Return (please include 1040) or a copy of my IRS Return Transcript.	e Schedule 1, 2 and/or 3 that were filed with the
☐ I am an Independent student who will not file and am not required to file a 20 my 2022 IRS Verification of Non-filing Letter OR I am a Dependent student who Income Tax Return.	
☐ I earned \$0 in income during 2022	
\square I worked in 2022 and have attached my W-2(s) for income earned from	om the following employer(s):
Employer Name	2022 Income
	\$

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

Select only one option below that applies:

Select only one option below that applies.
\square Your legal parent(s) or spouse used the IRS Data Exchange to submit your FAFSA.
☐ You are attaching a <u>signed</u> and <u>dated</u> copy of your legal parent(s)' or spouse's 2022 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 2022 U.S. Income Tax Return. You are attaching a copy of your parent(s)' or spouse's 2022 IRS Verification of Non-filing Letter.
☐ My parent(s) or spouse earned \$0 in income during 2022
\square My parent(s) or spouse worked in 2022 and attached are their W-2(s) for income earned from the following employer(s):

Parent(s) / Spouse	Employer Name(s)	2022 Income
		\$
		\$

E. Student Identity Verif	ication & Statement of	Educational Purpose:	
	Select one	option and complete.	
government-issued photo identi institution will maintain a copy the institution authorized to revi Statement of Educational I certify that I, Educational Purpose and that	fication (ID), such as, but not of the student's photo ID that we the student's ID. In addit Purpose the Federal student financial	ollege Financial Aid Office to verify at limited to, a driver's license; other st is annotated with the date it was recion, I must sign, in the presence of the (print student's name), am the assistance I may receive will only be (Name of Postsecondary Educe	state issued ID; or U.S. passport. The eived and the name of the official at the institutional official, the following individual signing this Statement of the used for educational purposes and
Student's Signature	Date	FA Official's Signature	Date
Purpose. I understand I must att driver's license; other state issumotary statement below. NOTE of the form must be mailed to Statement of Educational I certify that I, Educational Purpose and that	ach a copy of the valid gover ed ID; or U.S. passport and p : Any costs incurred acquir the BBCC Financial Aid of Purpose the Federal student financial bay the cost of attending	College to verify my identity and programment-issued photo identification (Il provide the Statement of Educational ring a Notary Public will not be reinfice if being notarized – no emailed (print student's name), am the assistance I may receive will only be	D), such as, but not limited to, a Purpose that is acknowledged in the mbursed by BBCC; original copy of forms will be accepted. individual signing this Statement of the used for
Student's Signature	Date		
•		al hard copy must be mailed in	_ cannot he faved)
·		ar naru copy must be maneu m	· ·
		(printed nar	
		ication	
		who signed the foregoing instrument.	type of government-
WITNESS my hand and offic	-	vito signed the foregoing institution.	
WITNESS my hand and offic	iai seai.	Notary Public signature	
		My Commission expiration date	
F. Signatures			
Each person signing this form c and correct. I declare that I have financial aid for the 2024-2025	e reviewed, understand and agacademic year as stated in the	on provided in this application and ot gree to the conditions, responsibilitie e Conditions of Award and Satisfacto least one legal parent (if a depende	s and obligations in order to receive ory Academic Progress Policy
Student Signature	Date	Legal Parent or Spouse	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 departments have been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Building 1400, Office 1449 at (509)793-2010 / HRoffice@bigbend.edu or Accommodation and Accessibility Services Coordinator, Building 1400, Office 1472 at (509)793-2027 / aas@bigbend.edu.