

A. Independent Student's Information

## Bucks County Community College 2018–2019 Verification Worksheet Independent Student – V5

Your 2018–2019 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 and your spouse reported on your FAFSA. To verify that you provided correct information the Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You (or your spouse) must complete and sign this worksheet and submit the form and other required documents to the Financial Aid Office within 21 days of receipt of this form. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed.

ast Name	First Name		M.I.	SS#	
treet Address (inclu	ide apt.#.)			Student ID#	
ity	State	State Zip Code		Student's Date of Birth	
lome Phone Numbe	 er			Alternate or Cell Phone Number	
·Mail Address:			······		
Include your childr live with you. Include other depe	s of all of your ho en if you will provide endents, <u>if</u> they now l	usehold men more than half ive with you, an	of their support b	ng you (and your spouse). Detween July 1, 2018 and June 30, 2019 even Detrovide more than half of their support, and, 3 through June 30, 2019.	•
Write the names Include your childr live with you. Include other depe	s of all of your ho en if you will provide endents, <u>if</u> they now le e more than half of the family household.	usehold men more than half ive with you, an	of their support by d you currently possessive July 1, 2018  Name (excluding degree or	between July 1, 2018 and June 30, 2019 eventure or covide more than half of their support, and,	•
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Write the names Include your childr live with you. Include other depecontinue to provide  Full name of members in the Start with stu  1.  2.  3.	s of all of your ho en if you will provide endents, <u>if</u> they now le e more than half of the family household. ident(s).  Relat to S	wsehold men more than half ive with you, an eir support betw ionship tudent	of their support by d you currently possessive Name (excludin degree or time)	provide more than half of their support, and, a through June 30, 2019.  The of the college for any family member ag parents) who will be working toward a certificate and will be enrolled at least half me during 2018-19 academic year.	and will  Enrolled at least half time?

Student's Name:	Student #:	
C. Independent Student's Income Information	To Be Verified	
Instructions: Complete this section if the student, filed or verify income is by using the IRS Data Retrieval Tool that is go to <a href="www.FAFSA.gov">www.FAFSA.gov</a> , log in to your FAFSA record, select Information section of the form. From there, follow the instruction Retrieval Tool to transfer 2016 IRS income tax information information to be available for the IRS Data Retrieval Tool of IRS tax return filers. If you need more information about whe aid administrator. You can request a tax transcript by visiting the record of the IRS of the IRS of the IRS tax return filers. If you need more information about whe aid administrator.	s part of FAFSA on the Web. It "Make FAFSA Corrections, Inctions to determine if you all Into your FAFSA. It takes up It is to be a lectronic IRS tax return to the lectronic IRS the IRS Description.	If you have not already used the tool, "and navigate to the Financial re eligible to use the IRS Data to two weeks for IRS income illers, and up to eight weeks for paper ata Retrieval Tool see your financial
Tax Return Filers- Did you file federal taxes in 2 Check only one box below:	016? Yes	
☐ Check here, if you successfully imported 2016 tax data	using the IRS Data Retrieval	Tool.
☐ Check here if you are attaching your, and/or your spous	e's 2016 <b>JOINT</b> Tax Transc	ript.
☐ Check here if you filed, <b>separately</b> from your spouse ar	nd you are attaching 2016 Ta	x Transcripts.
☐ Check here if you and / or your spouse earned income, file a 2016 Federal Tax Return, but earned income statements to the Financial Aid Office. You must Financial Aid Office. Please complete the chart	in 2015, you must still proviestill provide all W-2 forms	de all W-2 forms or other earnings
To obtain a tax transcript, see the enclosed IRS TAX RETU	IRN TRANSCRIPT REQUE	ST INSTRUCTIONS sheet.
<ul> <li>Tax Return Nonfilers Did you file federal taxes in 2</li> <li>Complete this section if you, the student (and, if married, you tax return with the IRS.</li> <li>Check the box that applies:</li> <li>☐ I, the student (and, if married, the student's spouse) was student's employers, (and spouse's if married), the</li> </ul>	our spouse), will not file and go s not employed and had no i was employed in 2016 and had a amount earned from each e	ncome earned from work in 2016. as listed below the names of all the employer in 2016, and attached an
IRS W-2 form(s) from each employer. List every e is needed, attach a separate page with your name		
Employer's Name	2016 Amount Earned	IRS W-2 Attached?
Suzy's Auto Body Shop (Example)	\$2,000.00 (example)	Yes (example)
All non-filers are required to provide documentation indicates a 2016 IRS Income tax return was not filed  Check here if confirmation of non-filing is prov	with the IRS.	

Student's Name:	Student	t #:	
D. IDENTITY AND STATEMENT OF COMMON CONTROL OF COMMON COMM	F EDUCATIONAL PURPOSE nty Community College Staff Member)		
The student <u>must appear</u> in person at <b>B</b> valid government-issued photo identifica passport. The institution will maintain a cand the name of the official at the institute	tion (ID), such as but not limited to, a dicopy of the student's photo ID that is ar	river's license, other state-issued ID, or notated with the date it was received	
If you are unable to appear in person – ple signatures that are required.	_		
<u>St</u>	atement of Educational Purpos	<u>se</u>	
I certify that I(Print Student's Name)	am the individual si	gning this	
Statement of Educational Purpose and that the purposes and to pay the cost of attending Bu			
(Student's Signature)	(Student's ID Number)	Date	
	nancial Aid Staff ID Verification erified by:		
/alid Government- Issued Photo ID used to Ver	rify Identity		
Driver's LicenseU.S. Passport	Other Gov't/State Issue ID	Type of ID Issued	
limited to a driver's license, other sta (b) The original notarized Statement of	ed photo identification (ID) that is acknowle ate-issued ID, or passport; and	dged in the notary statement below, such as	
I certify that I(Print Student's Name)	am the in	dividual signing this Statement	
(Print Student's Name) of Educational Purpose ant that the fede purposes and to pay the cost of attending	ral financial assistance I may receive w		
(Student Signature)  Notary		ment	
State of			
City/County of			
On, before me,			
On, before me, (Date) Personally appeared, (Printed name of state)	(Notary's Name)	, and provided to me	
on basis of satisfactory evidence of identifica	tion		
to be the above-named person who signed the	(Type of government-issued photone foregoing instrument.	o ID provided)	
WITNESS my hand and official seal (Notary Signature)			
My commission expires on(Date)			

Student's Name.	Student #
E. Certification and Signatures  I certify that all of the information reported on this worksheet is complete and correct.	WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
The student must sign and date this worksheet. If married, the spouse's signature is optional.	
Student's Signature	Date
Spouse's Signature	Date

Submit this worksheet to:

Bucks County Community College, Financial Aid Office, 275 Swamp Road, Newtown, PA 18940 Fax #: (215) 504-8522 Email: <a href="mailto:finaid@bucks.edu">finaid@bucks.edu</a>. Phone #: 215 968-8200.

Note: Any form with incomplete or blank information and/or not having complete signatures will be returned, and delay processing.

You should make a copy of this worksheet for your records.