Bucks County Community College
2015–2016 Verification Worksheet
Independent Student – V5

Your 2015–2016 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 administrator at your school 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, attach any required documents, and submit the form and other required documents to the financial aid administrator within 21 days of receipt of this form. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent Student’s Information

Last Name                First Name                M.I.                SS#
______________________________________________________  ___________________
Street Address (include apt. #.)                Student ID#                ___________________
City                State                Zip Code                Student’s Date of Birth
______________________________________________________  ___________________
Home Phone Number                Alternate or Cell Phone Number
E-Mail Address: ________________________________________________

B. Independent Student’s Family Information

List below the people in your household. Include:

• Yourself
• Your spouse, if you are married
• Your children if you will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other child would be required to provide your information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards, 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 through June 30, 2016.

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Enrolled at Least Half Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>28</td>
<td>Wife</td>
<td>Central University</td>
<td>Yes</td>
</tr>
<tr>
<td>Self</td>
<td></td>
<td>Self</td>
<td>Bucks County Community College</td>
<td></td>
</tr>
</tbody>
</table>
C. Independent Student's Income Information To Be Verified

1. TAX RETURN FILERS—Important Note: If you (or your spouse, if married) filed, or will file, an amended 2014 IRS tax return, the student must submit the amended return to the Financial Aid Office.

Check the box that applies:

☐ I, the student, have used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2014 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA. Your school will use the IRS information that was transferred in the verification process.

☐ I, the student, have not yet used the IRS Data Retrieval Tool in FAFSA on the Web, but will use the tool to retrieve and transfer 2014 IRS income information into my FAFSA once I have filed a 2014 IRS tax return. See instructions below for information on how to use the IRS Data Retrieval Tool. Your school cannot complete the verification process until the IRS information has been transferred into the FAFSA.

☐ I, the student, am unable or choose not to use the IRS Data Retrieval Tool in FAFSA on the Web, and I will submit to the school a 2014 IRS tax return transcript—not a photocopy of the income tax return. To obtain a tax transcript, see the enclosed IRS TAX RETURN TRANSCRIPT REQUEST INSTRUCTIONS sheet.

☐ Check here if your IRS tax return transcript is attached to this worksheet.

☐ Check here if your IRS tax return transcript will be submitted to your school later. Verification cannot be completed until the IRS tax return transcript has been submitted to your school.

Instructions: Complete this section if the student, filed or will file a 2014 income tax return with the IRS. The best way to verify income is by using the IRS Data Retrieval Tool that is part of FAFSA on the Web. If you have not already used the tool, go to FAFSA.gov, log in to your FAFSA record, select “Make FAFSA Corrections,” and navigate to the Financial Information section of the form. From there, follow the instructions to determine if you are eligible to use the IRS Data Retrieval Tool to transfer 2014 IRS income tax information into your FAFSA. It takes up to two weeks for IRS income information to be available for the IRS Data Retrieval Tool for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers. If you need more information about when, or how to use the IRS Data Retrieval Tool see your financial aid administrator.

2. TAX RETURN NONFILERS—Complete this section if you, the student (and, if married, your spouse), will not file and are not required to file a 2014 income tax return with the IRS.

Check the box that applies:

☐ I, the student (and, if married, the student’s spouse) was not employed and had no income earned from work in 2014.

☐ I, the student (and/or the student’s spouse if married) was employed in 2014 and has listed below the names of all the student’s employers, (and spouse’s, if married) the amount earned from each employer in 2014, and attached an IRS W-2 form(s) from each employers. List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2014 Amount Earned</th>
<th>IRS W-2 Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suzy’s Auto Body Shop (Example)</td>
<td>$2,000.00 (example)</td>
<td>Yes (example)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
D. Independent Student’s Other Information to Be Verified

A. Complete this section if someone in the student’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) and provide a signed statement*, affirming that SNAP-Food Stamps benefits were received by someone in the household during the 2014 and/or 2015 calendar years.

*Note: the Financial Aid Office may require documentation from the agency that issued the SNAP-Food Stamps benefits. (§668.57(d))

☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. If asked by the student’s school, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

B. Complete this section if you or your spouse paid child support in 2014.

☐ Either I, or if married my spouse listed in Section B of this worksheet paid child support in 2014. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by my school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that includes the student’s name and Social Security Number at the top.

I certify that I paid child support in 2014. I have listed the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid and the total amount of child support paid in 2014 for each child. I also attest that I have not included these children as members of my household size. (Parents can either include these children as members of the household *or* include the amount of child support paid but may not include these children as members of the household and also list child support paid.

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith (example)</td>
<td>Terry Jones (example)</td>
<td>$6,000.00 (example)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

E. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED AT BCCC)

The student must appear in person at Bucks County Community College to verify his or her 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 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 collect the student’s ID.

If you are unable to appear in person – please see back for more information and signatures that are required.

Statement of Educational Purpose

I certify that I _____________________________ am the individual signing this (PRINT STUDENT’S NAME)

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 Bucks County Community College for 2015–2016.

(____________________) (____________________) (____________________)
(Student’s Signature) (Student’s ID Number) Date

Financial Aid Staff ID Verification

Date:__________________________
Verified by:____________________
Valid Government- Issued Photo ID used to Verify Identity
_____Driver’s License
_____U.S. Passport
_____Other Gov’t/State Issue ID ______________________________
Type of ID Issued

FA15CV51
Identity and Statement of Educational Purpose
(To be signed with Notary)

If the student is unable to appear in person at Bucks County Community College to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as limited to a driver’s license, other state-issued ID, or passport; and

(b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that _____________________________________________am the individual signing this Statement of Educational Purpose ant that the federal financial assistance I may receive will be only be used for educational purposes and to pay the cost of attending Bucks County Community College for 2015–2016.

________________________________________________ ______________________
(Student Signature)      (Date)

Notary’s Certificate of Acknowledgement

State of __________________________________________________________________________________________

City/County of ______________________________________________________________________________________

On ________________, before me, __________________________________________________________

(Date)                        (Notary’s Name)

Personally appeared, ____________________________________________________________, and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification _______________________________

(Type of government-issued photo ID provided)

WITNESS my hand and official seal __________________________________________________________

(Notary Signature)

My commission expires on _________________________________________________________________

(Date)

F. Certification and Signatures

I certify that all of the information reported on this worksheet is complete and correct.

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: finaid@bucks.edu, Phone #:  215 968-8200.

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

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

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