

For Administrative Use Only

Type Government Issued ID: Government Issued ID # Name of High School Graduation Date

2020-2021

Verification Form

Your 2020–2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification”. The Financial Aid Office at your college must compare information from your FAFSA with information you provide on this worksheet and with any other required documents. If there are differences, your Financial Aid Office may require additional documentation and your FAFSA information may need to be corrected. You will not receive federal financial aid until all verification requirements are met and the necessary corrections made. What You Should Do 1. If you or your parent(s) are tax filers, obtain a 2018 IRS Tax Return Transcript for yourself and your parent(s). Request an IRS Tax Return Transcript online at www.irs.gov/Individuals/Get-Transcript or by phone at 1-800-908-9946. Make sure you select an IRS Tax Return Transcript and NOT the IRS Tax Account Transcript. In place of the transcript, the Financial Aid Office can accept a complete signed copy of a preparer’s 2018 Federal Income Tax Return (Form 1040) and schedules that was submitted to the IRS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Selected For** | **Verification Tracking Flag** | **Verification Tracking Group** | **Fill out Section** |
|  | **V1** | Standard Verification | **A, B, C, D, F, & G** |
|  | **V4** | Custom Verification Group | **A, E & G** |
|  | **V5** | Aggregate Verification Group | **A, B, C, D, E, F & G** |

1. **Student Information**

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| --- | --- |
| **Last: First: Social Security : XXX - XX -**  **Address: City: State: ZIP:**  **DOB: Phone Number: EMPLID#:**  **B. Family Information** | |
| **Dependent Student:**   * Yourself, even if you don’t live with your parents * Your parents * Your parents’ other children (even if they do not live with your parents) if your parents will provide more than half of their support between July 1, 2020 and June 30, 2021, * Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2020 and June 30, 2021. | | **Independent Student**   * Yourself (and your spouse), * Your children, if you will provide more than half of their support between July 1, 2020 and June 30, 2021, even if they do not live with you, and * Other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021 | |

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| --- | --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **Name of attending College**  **in 2020-2021** | **Will be Enrolled at least half time for 2020-2021** |
|  |  | **Myself** | ***Bronx Community College*** | ***YES*** |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |
|  |  |  |  |  Yes  No |

1. **Tax forms and Income Information**

If you did not file and are not required to file a 2018 Federal income tax return, list below your employer(s) and any income received in 2018 (Attach your Forms W-2 or 1099 from all sources of earned income)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Not Applicable** | **Did not have any income** | **Did not File Taxes for 2018 (Attach Verification of Non- Filer)** | **Used IRS Data retrieval** | **Name of Employer** | **Wages** |
| **Student** |  |  |  |  |  |  |
| **Spouse** |  |  |  |  |  |  |
| **Parent #1** |  |  |  |  |  |  |
| **Parent #2** |  |  |  |  |  |  |

1. **Additional Information**

In 2019 or 2020, did anyone in your household receive any of the following?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **74/95** | SSI/Medicaid |  | **78/99** | **WIC** |  |
| **75/96** | SNAP (Food Stamp) |  | **83** | **Parent(s) Dislocated Worker** |  |
| **76/97** | Free/Reduced Lunch |  | **100** | **Student Dislocated Worker** |  |
| **77/98** | TANF |  |  | **Did not receive any of the assistance in section D** |  |

1. **Statement of Educational Purpose**

I certify that I, (Print Student’s Name) am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes to pay the cost of attending Bronx Community College (CUNY) for the 2020-2021 award year.

Student’s Signature: Date:

1. **Child Support Received & Paid**

Child Support Received Did not receive any Child Support

|  |  |  |
| --- | --- | --- |
| Name of Adult Who Received the Support | Name of Child For Whom Support Was Received | Amount of Child Support Received in 2018 |
|  |  |  |
|  |  |  |

Child Support Paid Did not pay any Child Support

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Who Paid Child Support | Name of Person to Whom Child Support was Paid | Name of Child for Whom Support was Paid | Amount of Child Support Paid in 2018 |
|  |  |  |  |
|  |  |  |  |

1. **Certification**

If you are the parent or the student, by signing this application, you certify that all of the information you provided is true and completed to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student’s Signature Date Parent’s Signature Date