

2019-2020 Verification Worksheet

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- 1. Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent, if dependent, whose information was reported on the FAFSA, must complete and sign this verification document, attach any required documents, and submit the form and other required documents to the Office of Student Services. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.
- 2. The instructions below apply to the student and spouse, if the student is married, or student and parents included in the parent'(s) household, if the student is a dependent.
- 3. The best way to verify income is by using the IRS Data Retrieval Tool (IRS DRT) that is part of FAFSA on the Web at FAFSA.gov. Unless you used the IRS Data Retrieval Tool on FAFSA on the Web, you must submit a signed copy of your 2017 Tax Return or request a copy of your 2017 IRS Tax Return Transcript from the IRS. This may be obtained through:
 - Get Transcript by MAIL Go to www.irs.gov, click "Get Your Tax Record." Click "Get Transcript by Mail."
 Make sure to request the "Return Transcript" and NOT the "Account Transcript." The transcript is generally received within 10 business days from the IRS's receipt of the online request.
 - Get Transcript ONLINE Go to www.irs.gov, click "Get Your Tax Record." Click "Get Transcript Online." Make sure to request the "Return Transcript" and **NOT** the "Account Transcript." To use the Get Transcript Online tool, the user must have (1) access to a valid email address, (2) a text-enabled mobile phone (pay-as-you-go plans cannot be used) in the user's name, and (3) specific financial account numbers (such as a credit card number or an account number for a home mortgage or auto loan). The transcript displays online upon successful completion of the IRS's two-step authentication.
 - <u>Automated Telephone Request</u> 1-800-908-9946. Transcript is generally received within 10 business days from the IRS's receipt of the telephone request.
 - <u>Paper Request Form</u> IRS Form 4506T-EZ or IRS Form 4506-T. The transcript is generally received within 10 business days from the IRS's receipt of the paper request form.
- **4.** If you did not file taxes, please provide a copy of all 2017 IRS W-2 Forms for each source of employment income received for the tax year AND **Confirmation of Non-Filing**, (not required for dependent student), from the IRS.

A. Student Information

Last Name	First Name	Middle	Date of Birth
Street Address (in	nclude apt. no.)	Social Security Number	
City	State	Zip Code	Email Address
Home Phone Nur	mber (include area code)	Alternate or Cell Phone Number	

Student's Name:	Student #	19-20 V-1 Page 2
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B. Family Information

How to determine who should be listed in the household:

Dependent Student

The people in the <u>parents' household</u>, includes:

- The student.
- The parents (including a stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of the children's support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019-2020. Include children who meet either of these standards, even if the child does not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2020.

Independent Student

The people in the <u>student's household</u>, includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2019, through June 30, 2020, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2020.

Number in College: Include information about any household member who is, or will be, enrolled <u>at least half time</u> in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, include the name of the college. **DO NOT** include college information for parents.

**Write the names of all household members in the spaces below regardless of college enrollment status.

Age	Relationship	College Attending	Enrolled at Least Half Time (Yes or No)
	SELF	BEVILL STATE COMMUNITY COLLEGE	
	Age		SELE BEVILL STATE COMMUNITY

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

C. Student's Tax Forms and Income Information (all Applicants)					
The instructions below apply to the student and spouse, if the student is married. Notify the financial aid office if the student or spouse filed separate IRS income tax returns for 2017 or had a change in marital status after December 31, 2017.					
Check the box that applies.					
The student and spouse (if married) filed or will file a 2017 U.S. Income Tax Return. (Refer to page 1 for instructions to obtain your 2017 Taxes.)					
The student and spouse (if married) were not employed and had NO income earned from work in 2017. If student is Independent, Confirmation of Non-Filing MUST be provided.					
The student and/or spouse (if married) were employed in 2017, but are not required to file a 2017 U.S. Income Tax Return. If student is Independent, Confirmation of Non-Filing MUST be provided. AND List the names of all employers, the amount earned from each employer in 2017, and whether an IRS W-2 form or equivalent document is provided. (Provide copies of all 2017 IRS W-2 forms issued to the student and spouse by their employers). List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, provide a separate page with student's name & ID#.					
Employer's Name	IRS W-2 Provided? If no, please explain	2017 Amount Earned			
Suzy's Auto Body Shop (example)	Yes	\$4,500.00			
Tradal Assessment of Iron	ome Earned from Work in 2017	\$			
1 otal Amount of Inc	ome Earned from Work in 2017	_ ⊅			
D. Parent's Tax Forms and Income Information (if student is Dependent)					
	included in the household. Notify the financial aid				
parents filed separate IRS income tax returns	s for 2017 or had a change in marital status after 12	/31/2017.			
Check the box that applies.					
Check the box that applies.					
The parent(s) filed or will file a 2017 U.S. Income Tax Return. (Refer to page 1 for instructions to obtain					
your 2017 Taxes.)					
Neither parent was employed and had no income earned from work in 2017. Confirmation of Non-Filing MUST be provided.					
Comminuon of 1001 mily 11001 be provided.					
One or both parents were employed in 2017, but are not required to file a 2017 U.S. Income Tax Return.					
List the names of all employers, the amount earned from each employer in 2017, and whether an IRS W-2					
form is provided. (Provide copies of all 2017 IRS W-2 forms issued to the parents by their employers). List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, provide a					
separate page with student's name & ID#. Confirmation of Non-Filing MUST be provided.					
Employer's Name	IRS W-2 Provided?	2017 Amount			
	If no, please explain	Earned			
Suzy's Auto Body Shop (example)	Yes	\$4,500.00			
Total Amount of Inc.	Total Amount of Income Earned from Work in 2017 \$				
		('			

Student's Name:_____ Student #____

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Student's Name:	Student #	19-20 V-1 Page 4	
E. Other Untaxed Income for	r 2017		
If any item does not apply, enter "N/A area where an amount is requested. If the student was required to provide parapplies to the student and the student's prequired to provide parental information (and the spouse, if married).	arental information on the FAFSA, parent(s) whose information is on the same of the same o	answer each question below as it he FAFSA. If the student was not	
Child Support Received List actual amount of any child supr	port received in 2017 for the childre	en in your household. Do not include	
foster care payments, adoption payn			
Name of Adult Who Received Child Support	Name of Child For Whom Supp Received		
Total Amount of C	Child Support Received in 2017	\$	
☐ Medicaid or Supplemental Secured ☐ Supplemental Nutrition Assistant ☐ Free or Reduced Price Lunch ☐ Temporary Assistance for Needy ☐ Special Supplemental Nutrition Comments regarding family's financial ☐ From the Certifications and Signature ☐	nce Program (SNAP) y Families (TANF) Program for Women, Infants, and C situation:	Children (WIC)	
Each person signing below certifies that complete and correct. If student is Depe whose information was reported on the	endent, the student and one parent	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.	
Print Student's Name	Student's ID#	MAIL COMPLETED FORMS TO:	
Student's Signature	Date	BEVILL STATE COMMUNITY COLLEGE C/O FASCPC 1411 INDIANA AVENUE	
Parent's Signature	Date	JASPER, AL 35501	

Do not mail this worksheet to the Department of Education.

It is the policy of the Alabama Community College System, its Board of Trustees, and Bevill State Community College, a postsecondary institution under its control, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment.