2023-2024 DEPENDENT AGGREGATE STUDENT VERIFICATION WORKSHEET (DV5)

INSTRUCTIONS:

Your Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. Verification must be completed before your financial aid package can be determined. Verification requires the Financial Aid Office to confirm the information you reported on your FAFSA. Please complete ALL sections of this worksheet, attach all requested documentation, and sign and return to the Financial Aid Office. Verification cannot be completed until all requested documents are received and reviewed.

For Tax Filers - The Student Financial Aid Office highly RECOMMENDS use of the IRS Data Retrieval Tool (DRT) that is part of the FAFSA on the Web as this is the best way to verify income, and in most cases, no further documentation is needed to verify 2021 IRS income tax return information that was transferred into the FAFSA and not changed.

A. STUDENT INFORMATION

Student Name: __________________________________________________________

Student ID#: ___________________________ Date of Birth: ___________________________

Permanent Address: ________________________________________________________

City/State/Zip: ___________________________ Phone: ___________________________

B. HOUSEHOLD INFORMATION

List in the chart below the people in the student’s household. Include:

- Yourself, and your spouse if you are married;
- Your children or your spouse’s children if you or your spouse will provide more than half of their financial support from July 1, 2023, through June 30, 2024, even if the children do not live with you;
- Other people, if they now live with you or your spouse and you provide more than half of their support and will continue to provide more than half of their financial support through June 30, 2024.
- For any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, include the name of the college.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship to Student</th>
<th>College</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>BHSU</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. STUDENT TAX INCOME INFORMATION

Did you file a Federal Income Tax Return for 2021? (Circle one)  Yes  No

1. If you answered YES, check the box that applies

- I have used the IRS Data Retrieval Tool to transfer my 2021 IRS income information into my FAFSA.
- I will submit my 2021 IRS tax return or tax transcript

NOTE: If you filed separate 2021 IRS income tax returns, a 2021 IRS Tax Return must be provided for both the student and spouse.

2. If you answered NO, check the box that applies:

- I WAS NOT employed and had NO income earned from work in 2021.
- I was employed in 2021 and have listed below the names of all employers, the amount earned from each employer in 2021, and whether an IRS W-2 form is provided.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2021 Amount Earned</th>
<th>IRS W-2 Provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.

<table>
<thead>
<tr>
<th>Untaxed Income Source</th>
<th>2021 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. PARENT(S) TAX INCOME INFORMATION

Did you file a Federal Income Tax Return for 2021? (Circle one)  Yes  No

1. If you answered YES, check the box(s) that applies

- My parent has used the IRS Data Retrieval Tool to transfer our 2021 IRS income information into the FAFSA.
- My parent was unable or chose not to use the IRS Data Retrieval Tool, and will submit our 2021 IRS tax return or tax transcript

2. If you answered NO, check the box that applies:

- My parent WAS NOT employed and had NO income earned from work in 2021.
- My parent was employed in 2021 and has listed below the names of all employers, the amount earned from each employer in 2021, and whether an IRS W-2 form is provided.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2021 Amount Earned</th>
<th>IRS W-2 Provided?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.

<table>
<thead>
<tr>
<th>Untaxed Income Source</th>
<th>2021 Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
E. CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct.

________________________________________ ________________________
Student’s Name (Print)

________________________________________ ________________________
Student’s Signature (Required)   Date

________________________________________ ________________________
Parent’s Signature (Required)    Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.
F. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

*****IMPORTANT – DO NOT COMPLETE THE FOLLOWING SECTION IN ADVANCE*****
THIS PORTION OF THE FORM MUST BE COMPLETED IN FRONT OF A FINANCIAL AID REPRESENTATIVE OR NOTARY PUBLIC

IDENTITY CERTIFICATION

You must appear in person at Baptist Health Sciences University to verify your 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 Financial Aid Office will maintain a copy of your photo ID along with the date it was received and the name of the representative or notary authorized confirm.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I ____________________________ 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 and to pay the cost of attending Baptist Health Sciences University for 2023-2024.

( Student’s Signature) ____________________      (Date)

IF SUBMITTED IN PERSON

Present this form with original valid government-issued photo id.
To be completed by a Financial Aid Representative:

<table>
<thead>
<tr>
<th>ID Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Number:</td>
</tr>
<tr>
<td>FA Rep Name (print):</td>
</tr>
<tr>
<td>FA Rep Title:</td>
</tr>
<tr>
<td>FAA Signature:</td>
</tr>
</tbody>
</table>

IF SUBMITTED BY MAIL (NO FAX)

Send this form with photocopy of valid government-issued photo id.
To be completed by Notary Public:

<table>
<thead>
<tr>
<th>State of _______________________________</th>
<th>City/County of _______________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>On ______________________, before me, ________________________________ , (Date) (Notary’s name)</td>
<td></td>
</tr>
<tr>
<td>_______________________________________, personally appeared and provided to me on basis of (Printed name of signer)</td>
<td></td>
</tr>
<tr>
<td>satisfactory evidence of identification ________________________________ to be the above-named (Type of government-issued photo ID provided)</td>
<td></td>
</tr>
<tr>
<td>person who signed the foregoing instrument. NOTARY SEAL</td>
<td></td>
</tr>
<tr>
<td>WITNESS my hand and official seal ________________________________ (Notary signature)</td>
<td></td>
</tr>
<tr>
<td>My commission expires on ______________________ (Date)</td>
<td></td>
</tr>
</tbody>
</table>