BAPTIST HEALTH SCIENCES UNIVERSITY

2023-2024 INDEPENDENT AGGREGATE STUDENT VERIFICATION WORKSHEET (V5)

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.**

<u>For Tax Filers</u> **-** The Student Financial Aid Office highly <u>RECOMMENDS</u> use of the IRS Data Retrieval Tool (DRT) which is part of the FAFSA on the Web. 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 financial support and will continue to provide more than half of their 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.

Full Name	Age	Relationship to Student	College
		Self	**BHSU**

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.

Employer's Name	2021 Amount Earned	IRS W-2 Provided?

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.

Untaxed Income Source	2021 Amount

D. SPOUSE 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 spouse **has used** the IRS Data Retrieval Tool to transfer our **2021** IRS income information into the FAFSA.
   ☐ My spouse 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 spouse **WAS NOT** employed and had **NO** income earned from work in **2021**.
   ☐ My spouse 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.

Employer's Name	2021 Amount Earned	IRS W-2 Provided?

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

Untaxed Income Source	2021 Amount

E. CERTIFICATION AND SIGNATURE

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

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

_____
Student's Name (Print)

_____   _____
Student's Signature (Required)   **Date (Required)**

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
               (print student's name)
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 SUBMITTING IN PERSON
Present this form with original valid government-issued photo id.
To be completed by a Financial Aid Representative:

ID Type:	
ID Number:	**Exp:**
FA Rep Name (print);	
FA Rep Title:	
FAA Signature:	**Date:**

IF SUBMITTING BY MAIL (NO FAX)
Send this form with photocopy of valid government-issued photo id.
To be completed by Notary Public:

State of _____ **City/County of** _____

On _____, **before me,** _____,
         (Date)   **(Notary's name)**

_____, **personally appeared and provided to me on basis of**
        (Printed name of signer)

satisfactory evidence of identification _____ **to be the above-named**
                  (Type of government-issued photo ID provided)

                                              SEAL

person who signed the foregoing instrument.

WITNESS my hand and official seal _____
                                  (Notary signature)

My commission expires on _____
                          (Date)