2022-2023 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.

For Tax Filers - The Student Financial Aid Office highly RECOMMENDS 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 2020 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 support from July 1, 2022, through June 30, 2023, 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 support through June 30, 2023.
- 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, 2022, and June 30, 2023, include the name of the college.

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

Did you file a Federal Income Tax Return for 2020? (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 2020 IRS income information into my FAFSA.
   - I will submit my 2020 IRS tax return or tax transcript

NOTE: If you filed separate 2020 IRS income tax returns, a 2020 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 2020.
   - I was employed in 2020 and have listed below the names of all employers, the amount earned from each employer in 2020, and whether an IRS W-2 form is provided.

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2020 Amount Earned</th>
<th>IRS W-2 Provided?</th>
</tr>
</thead>
<tbody>
<tr>
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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.

<table>
<thead>
<tr>
<th>Untaxed Income Source</th>
<th>2020 Amount</th>
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D. SPOUSE TAX INCOME INFORMATION

Did you file a Federal Income Tax Return for 2020? (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 2020 IRS income information into the FAFSA.
   - My spouse was unable or chose not to use the IRS Data Retrieval Tool, and will submit our 2020 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 2020.
   - My spouse was employed in 2020 and have listed below the names of all employers, the amount earned from each employer in 2020, and whether an IRS W-2 form is provided.

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E. 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 2022-2023.

___________________________________
(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, _____________________________________________________________
                   __________________________ (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)
F. 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 (Required)

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