2020-2021 Verification Worksheet

Black River Technical College ● P.O. Box 468 ● Pocahontas, AR 72455 ● Phone 870-248-4000 ● Fax 248-4100
finaid@blackrivertech.edu

Name:_____ **Social Security Number:**_____

Your application has been selected for review in a process called "Verification." Federal regulations require that we verify the information you and parent(s)/spouse provided on your financial aid application. The law says we have the right to ask you for this information before awarding Federal aid. If there are any differences between your application information and your financial documents, we may make corrections electronically.

Information about your Family Members

● **Independent Student** – List the people in your household. Include: yourself, and your spouse if you have one, **AND** your children, if you will provide more than half of their support from July 1, 2020 through June 30, 2021 **AND** other people if they now live with you, and you currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021. If you parents are not married to each other and live together include both of them in your household size.

● **Dependent Student –** List the people in your parent(s)' household. Include: yourself and your parent(s) (including stepparent) even if you don't live with them, **AND** your parents' other children, even if they don't live with your parent(s) **IF** (a) your parents provide more than half of their support from July 1, 2020 through June 30, 2021, **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid, **AND** other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Write the name of all household members and include their ages and relationship to you. Also write the name of the college for any household member, who will be attending college **at least half-time** between July 1, 2020 and June 30, 2021, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	**BRTC**

In 2018, did anyone in your household receive benefits from any of the federal benefits programs listed?

□ SSI □ WIC □ TANF

□ Free/Reduced Lunches □ Social Security

Tax Forms and Income Information

Student's and Spouse's TOTAL income breakdown for 2018. **Student's / Mother / Parent 1 $ _____**
You can find this information on your W-2 form in Box 1.
(Do NOT list the joint amount in this box.) **Spouse's / Father / Parent 2 $ _____**

Student/ Spouse (if married)	*UNTAXED INCOME* and Additional Financial Information (REPORT 2018 ANNUAL AMOUNTS)	Parent
$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits.) Don't include the value of on-base military housing or the value of a basic military allowance for housing.	$
$	Veterans noneducation benefits such as Disability, Death Pension, or DIC and/or VA Educational Work-Study Allowances.	$
	Other untaxed income not reported in schedule 2 line 45, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 schedule 1 line 25. Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Innovation and Opportunity Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.	$
$	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	$
$	Earnings from work under a co-op education program offered by a college.	$
$	Taxable Student Grant and Scholarship aid reported to the IRS in your AGI.	$
$	Taxable earnings from need-based employment programs such as Federal Work Study and need based employment portions of fellowships and assistantships.	$
$	Amount of taxable combat pay.	$

STUDENTS THAT ARE NOT REQUIRED TO FILE A TAX RETURN *MUST COMPLETE EACH DATA* REQUESTED BELOW:

Non-filers Only: List below any earned income received in 2018 and you **MUST** submit a copy of any **W-2 forms**.
Check the box(es) below for those people who did not and are not required to file a **2018** Federal Tax Return.

Source of Income/Support	Student Amount	Spouse or Parent(s) Amount	Was a W-2 Issued?

☐ You ☐ Your Spouse ☐ Your Father ☐ Your Mother ☐ Parent 1 ☐ Parent 2

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. I (we) further understand that purposely giving false or misleading information regarding eligibility for Federal aid may result in fine, jail terms, or both. **If Dependent, the student and at least one parent must sign and date.**

_____ _____ _____ _____

Student Signature (required) **DATE** **Parent/Stepparent Signature** **DATE**