



| Official Use Only | |
|-------------------|-------|
| Original EFC | _____ |
| Verified EFC | _____ |
| Transaction # | _____ |
| Date | _____ |
| By | _____ |
| Locked | N Y |

Verification Form - Dependent Student 2007-2008

Your application for Financial Aid has been selected for verification by the Department of Education. The information being verified is the same information you submitted on your Free Application for Federal Student Aid (FAFSA). Approximately 30% of all applicants are randomly selected for review in this process.

Complete and return this form with your signed 2006 Federal income tax forms 1040A, 1040EZ or 1040 return and 2006 W2 forms to the Financial Aid Office. We cannot continue processing your financial aid until we have complete and correct information.

| | |
|------------------|---------------|
| Name | Student ID # |
| Address | Phone Number |
| | Email |
| City, State, Zip | Date of Birth |

List yourself, your parent(s) and any others who will live in your parent's household and will receive more than 50% support from them between July 1, 2007 and June 30, 2008.

- (1) Include your parent(s) and any dependent children for whom your parent(s) provide more than half support. **NOTE:** Include Siblings, if attending college, only if they are dependent students when filing the FAFSA.
- (2) Include other people as part of your family only if:
 - They lived with your parent(s) and are receiving more than half their support from your parent(s) at the time you completed the application **AND**
 - They will continue to get more than half of their support from your parent(s) from July 1, 2007 through June 30, 2008. (Please review with your Financial Aid Counselor if you have any questions.)
- (3) Include college or university information on any family member who will be attending on **at least a half-time basis** (6 credit hours or more), between July 1, 2007 and June 30, 2008.

| Full Name | Age | Relationship | College or University |
|-----------|-----|--------------|-----------------------|
| STUDENT | | Self | BLUE RIDGE CTC |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please complete both sides of this form

Student Non-Filers

I was not required to file a Federal tax return for 2006.

If you were not required to file and did not file a Federal income tax return for 2006, please list your source(s) and amount(s) of income below. Provide a copy of your W2(s) if available

| Amount | Source |
|----------|--------|
| \$ _____ | _____ |
| \$ _____ | _____ |

Parent Non-Filers

I was not required to file a Federal tax return for 2006.

If you were not required to file and did not file a Federal income tax return for 2006, please list your source(s) and amount(s) of income below. Provide a copy of your W2(s) if available.

| Amount | Source |
|----------|--------|
| \$ _____ | _____ |
| \$ _____ | _____ |

Student Income Information:

I have attached my w2's and a **signed copy** of my 2006 Federal Income Tax return with all supporting schedules. **DO NOT attach an electronic filing return 8453!**

Parent Income Information:

I have attached my w2's and a **signed copy** of my 2006 Federal Income Tax return with all supporting schedules. **DO NOT attach an electronic filing return 8453!**

Untaxed Income – these amounts should reflect what you reported on your FAFSA

*Use zeros or write N/A if the item does not apply

\$ _____ Child Support Received in 2006

\$ _____ Social Security Benefits received in 2006 *(provide year end statement)*

\$ _____ Mandatory Retirement Contributions

\$ _____ Welfare, DHHR and TANF benefits *(do not include food stamps or subsidized housing)*

\$ _____ Other Untaxed Income Amount Source: _____

- | | |
|--|--|
| * Worker's Compensation | * Untaxed Payments to IRA and/or Keogh Plans |
| * Military/Clergy Housing Allowance | * Mandatory Retirement Plan Deductions |
| * Untaxed Railroad Retirement Benefits | * Disability |
| * Interest on Tax-Free Bonds | * Other Untaxed Income from your 1040 Tax Return |

Signatures: By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

| | | | |
|-------------------|-------|------------------|-------|
| _____ | _____ | _____ | _____ |
| Student Signature | Date | Parent Signature | Date |

Forms with blank items will not be processed and will be returned to you!

Return completed form to:
Blue Ridge Community and Technical College
Office of Student Financial Aid
400 W. Stephen St.
Martinsburg, WV 25401
304/260-4380 Fax 304/260-4376
www.blueridgectc.edu/financial_aid