Office of Student Financial Aid

Your 2015-2016 FAFSA was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>BRCTC ID number</th>
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<thead>
<tr>
<th>Address</th>
<th>Phone Number (include area code)</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Email Address</th>
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**Household Information** (List below the people in your household)

- Yourself
- Your spouse, if you are married, and any children for whom you will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if they do not live with you
- (Dependent Only) Your parent(s) (including a stepparent) even if you don’t live with your parent(s)
- (Dependent Only) Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the other children would be required to provide parental information if they were completing a FAFSA for 2015-2016. Include children who meet either of these standards, even if they do not live with your parent(s)
- Other people if they now live with you and you (or parent) provide more than half of their support and will continue to provide more than half of their support through June 30, 2016

Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College Name</th>
<th>Will Be Enrolled at Least ½ Time?</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Student</td>
<td>29</td>
<td>Husband</td>
<td>Example University</td>
<td>Yes</td>
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</table>
**Student’s (Parent) Income Information** (Check those that apply)

**TAX RETURN FILERS – Important Note:** If the student (and/or parent) filed, or will file, an amended 2014 IRS tax return, the student must contact the financial aid office before completing this section.

- The student (and/or parent) has transferred Tax information using the IRS Data Retrieval Tool for the student’s FAFSA. The student’s school will use the IRS information that was transferred in the verification process.

- The student (and/or parent) is unable or chooses not to use the IRS Data Retrieval Tool, and the student (and/or parent) will submit to the school a 2014 IRS tax return transcript. To obtain an IRS tax return transcript, go to www.IRS.gov and click on the “Get Transcript of Your Tax Records” link, or call 1-800-908-9946. Make sure to request the “IRS tax return transcript” and **not** the “IRS tax account transcript.” It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers.

**TAX RETURN NONFILERS**

- The student (and/or parent) was not employed and had no income earned from work in 2014.

- The student (and/or parent) was employed in 2014 and has listed **below** the names of all the student’s (and/or parent’s) employers, the amount earned from each employer in 2014, and whether an IRS W-2 transcript is attached. The student (and/or parent) will submit a **Verification of Non-Filer Status** (available after June 15 complete the **4506-T** found at www.irs.gov) and **Wage & Income transcript** (available after July 15 found at www.irs.gov).

(List every employer even if they did not issue an IRS W-2 form.)

<table>
<thead>
<tr>
<th>Employer’s Name</th>
<th>2014 Amount Earned</th>
<th>IRS W-2 Attached?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Grounds Café</td>
<td>$3,500</td>
<td>Yes</td>
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</table>

**SNAP Benefits** (Check those that apply)

- One of the persons listed in the household received SNAP benefits (formerly known as food stamps) in 2013 or 2014.

- I will provide documentation from DHHR of the receipt of SNAP benefits during 2013 and/or 2014.

**If you answered question 76 incorrectly and you did **not** receive SNAP benefits (Food Stamps), please log into [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and correct your 2015-2016 FAFSA.**

**High School Completion Status**

- I have provided either a copy of my high school transcript, home school verification or GED to Admissions.
Student’s Identity

**According to U.S. Department of Education regulations, you must appear in person and present ONE of the following Government Issued documentation to a Financial Aid staff member.

- Driver’s License
- Photo Identification Card
- Passport
- Other:________________________

Child Support Paid (Check those that apply)

- Either I, my spouse or parent listed in the household, paid child support in 2014. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

- I will provide documentation of child support paid during 2014.

Acceptable documents include:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones</td>
<td>Chris Smith</td>
<td>Terry Jones</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

Student’s Educational Purpose

** If you present this documentation in person, this does not need to be notarized, but it must be signed by a Financial Aid staff member.

** If you are unable to appear in person, you must provide BRCTC with a copy of a valid government issued photo identification and the “Notary’s Certificate of Acknowledgement” witnessing you have signed the Statement of Educational Purpose below.

“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 Blue Ridge CTC for 2015-2016.”

__________________________________________  ________________
Student Signature                          Date

__________________________________________  ________________
Financial Aid Staff Name and Signature     Date
**Notary’s Certificate of Acknowledgement**

State of ___________________________________________ City/County of ___________________________________________

On _________, before me, __________________________________________, (Date) (Notary’s name)

Personally appeared, __________________________________________, and provided to me on basis of satisfactory evidence of identification ____________________________ (Printed name of signer) to be the above-named person who signed the foregoing Instrument.

WITNESS my hand and official seal

__________________________ My commission expires on: __________________________

(Notary signature) (Date)

**Certification Statement:** By signing this worksheet, I (we) certify that all of the information reported above, used to determine eligibility for federal student financial aid, is complete and correct. WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

________________________________________ Date

________________________________________ Date

Student Signature Parent Signature (If dependent student)

To return this form:
Mail: Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg, WV, 25403
Fax: 304.260.4376
Email: finaid@blueridgectc.edu