



Office of Student Financial Aid

Your 2025-2026 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.

_____	_____	_____	<u>C</u>
Last Name	First Name	M.I.	BRCTC ID Number
_____			_____
Email Address			Phone Number (include area code)
			<input type="checkbox"/> Mobile/Cell Phone <input type="checkbox"/> Landline/Other

**Household Information**

Refer to the chart below to determine who you should include in your household size. Please note support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

Independent Student	Dependent Student
<i>You should list the following people within your household for whom you will <b>provide more than half of their support</b> between July 1, 2025 and June 30, 2026.</i>	<i>You should list the following people within your parent's household for whom your parent(s) will <b>provide more than half of their support</b> between July 1, 2025 and June 30, 2026.</i>
<ul style="list-style-type: none"><li>• Yourself <i>and</i></li><li>• Your spouse, if you are married <i>and</i></li><li>• Your children <i>and</i></li><li>• Other people if they now live with you</li></ul>	<ul style="list-style-type: none"><li>• Yourself <i>and</i></li><li>• Your parent(s) (including a stepparent) even if you do not live with your parents <i>and</i></li><li>• Your parent(s) other children <i>and</i></li><li>• Other people if they now live with your parent(s)</li></ul>
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 an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026.	

Full Name	Age	Relationship	College Name	Will Be Enrolled at Least ½ Time?
<i>John Smith (example)</i>	<i>29</i>	<i>Husband</i>	<i>Example University</i>	<i>Yes</i>
		<b>self</b>	Blue Ridge CTC	

---

Last Name

First Name

M.I.

---

C  
BRCTC ID Number**Federal Tax Return Filing Status**

Refer to the "2025-2026 Verification Information" if you are unsure how to answer the following questions. If you did not receive a copy, this information can be found online at <http://www.blueridgectc.edu/financial-aid/verification/>

<b>Student (&amp; Spouse) Filing Status</b> <i>(all students)</i>	<b>Parent(s) Filing Status</b> <i>(dependent students only)</i>
<input type="checkbox"/> I have <b>already filed</b> my 2023 return and <input type="checkbox"/> I completed the IRS Direct Data Exchange (DDX) on the FAFSA; <i>OR</i> <input type="checkbox"/> I am submitting a signed copy of my <b>2023 IRS Tax Return with schedules 1-3 or 2023 IRS Tax Transcript</b>	<input type="checkbox"/> I have <b>already filed</b> my 2023 return and <input type="checkbox"/> I completed the IRS Direct Data Exchange (DDX) on the FAFSA; <i>OR</i> <input type="checkbox"/> I am submitting a signed copy of my <b>2023 IRS Tax Return with schedules 1-3 or 2023 IRS Tax Transcript</b>
<input type="checkbox"/> I was <b>not employed</b> and had <b>no income earned</b> in 2023 <b>(If independent student, MUST attach Verification of Non-Filing from IRS dated after 10/1/24)</b>	<input type="checkbox"/> I was <b>not employed</b> and had <b>no income earned</b> in 2023 <b>(If independent student, MUST attach Verification of Non-Filing from IRS dated after 10/1/24)</b>
<input type="checkbox"/> I will not and am <b>not required to file</b> , but in 2023, I earned \$_____ from work <b>(MUST attach all 2023 W-2's AND Verification of Non-Filing from IRS dated after 10/1/24)</b>	<input type="checkbox"/> I will not and am <b>not required to file</b> , but in 2023, I earned \$_____ from work <b>(MUST attach all 2023 W-2's AND Verification of Non-Filing from IRS dated after 10/1/24)</b>

**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.

---

Student Signature – *in ink, typed signature not accepted*

---

Date

---

Parent Signature (If dependent student) – *in ink, typed signature not accepted*

---

Date

**Deadline Fall: Nov. 15, 2025**  
**Spring: April 25, 2026**  
**Summer: July 18, 2026**

**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](mailto:finaid@blueridgectc.edu) - DO NOT SUBMIT TAXES OR OTHER DOCUMENTS W/SSN VIA EMAIL