



2019–2020 Independent Verification Worksheet

Your 2019–2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must confirm the information you reported on your FAFSA. To verify that you provided correct information BHCC will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information will be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to Student Central.

Independent Student’s Information

| | | | |
|---|----------------------|----------------|--|
| Student’s Last Name | Student’s First Name | Student’s M.I. | Student’s BHCC ID Number |
| Student’s Street Address (include apt. no.) | | | Student’s Date of Birth |
| City | State | Zip Code | Student’s Email Address |
| Student’s Home Phone Number (include area code) | | | Student’s Alternate or Cell Phone Number |

Independent Student’s Family Information

Please list below the people in your household. Don’t forget to include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from October 1, 2019, through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019–2020. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Please list everyone in your household. If anyone will be enrolled in college at least half time any time between July 1, 2019 and June 30, 2020., in a degree, diploma, or certificate program, please include the name of the college or university they will be attending.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time |
|------------------------------|-----------|--------------------------|---------------------------|-------------------------------------|
| <i>Missy Jones (example)</i> | <i>18</i> | <i>Sister</i> | <i>Central University</i> | <i>Yes</i> |
| | | Self | <i>BHCC</i> | |
| | | Spouse (if applicable) | | |
| | | Child or other dependent | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

1. INCOME INFORMATION

Please choose one of the three boxes in this section:

- The student (and, if married, the student's spouse) filed taxes in 2017
 - I have used the IRS Data Retrieval Tool on the FAFSA
 - I am attaching a 2017 IRS Tax Return Transcript

- The student (and/or the student's spouse if married) was employed in 2017, was not required to file a tax return, and is attaching an **IRS Non-Filer Statement and W-2's** for all employers. Please list employers and earnings in the box below:

| Employer's Name | 2017 Amount Earned |
|--|----------------------------|
| <i>Suzy's Auto Body Shop (example)</i> | <i>\$2,000.00(example)</i> |
| | |
| | |
| | |

- The student (and, if married, the student's spouse) was not required to file, because they had no income earned from work in 2017. An **IRS Non-Filer Statement** is attached.

2. HOUSEHOLD BENEFITS

One of the people listed in the household on the first page of this worksheet received:

- Medicaid or Supplemental Security Income
- Free or Reduced Price School Lunch
- Temporary Assistance for Needy (TANF)
- Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- None

3. STUDENT ASSETS

If an individual asset does not apply to you, write N/A in the column. Do not leave blanks.

| | |
|----|--|
| \$ | Total current balance of cash, saving, and checking accounts |
| \$ | Net value of investment real estate and rental property Only include an amount here if you own property other than the home you live in. |
| \$ | Current net value of your business <i>Do not include the value of a small business if your family owns and controls more than 50% of the business and the business has 100 or fewer full-time equivalent employees.</i> |
| \$ | Total current value of trust funds, money market funds, mutual funds, stocks, stock options, bonds and other securities <i>Do not include any life insurance and retirement plans such as pensions, annuities, etc.</i> |

4. STUDENT CERTIFICATION AND SIGNATURES

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. If married, the spouse's signature is optional. **IMPORTANT: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student Signature

Date

Spouse Signature (if applicable)

Date

Please return this document online at <https://www.bhcc.edu/financialaid/financialaidforms/financialaidformupload/>