## **Niagara County Community College**

The Smart Place to Start

## 2022 - 2023 VERIFICATION WORKSHEET

## **Federal Student Aid Programs**

Your application was selected for review in a process called "*Verification*." In this process, Federal law requires that the Financial Aid Office compare information from your application with <u>SIGNED</u> copies of your financial documents before awarding Federal aid. If there are differences between your application information and your financial documents, corrections may need to be made.

Complete the following as soon as possible to expedite your financial aid. Complete ALL sections. Do not leave any blanks. If the answer is zero or no, please write "0" or "No".

A. STUDENT INFORMATION								
Last Name		First Name				M.I.		
Social Security Number		(Area code)	Home Phone #		Cell Phone #			
Address (include apt. no.)		City		tate	Zip code	Date of Birth		
B. FAMILY INFORMATI		mplete the chart us pendent <u>OR</u> Indep		instr	uctions belo	ow –		
DEPENDENT STUDENT  If required to give parental information when applying for Federal Student Aid, list the people your parent(s) will support between July 1, 2022 and June 30, 2023. Include: 1) Yourself, 2) Your parent(s), 3) Your parent's child(ren) and other people living with parent(s) if they will provide more than half their support.			INDEPENDENT STUDENT  List the people that you (and your spouse) will support between July 1, 2022 and June 30, 2023. Include: 1) Yourself, 2) Your spouse, 3) Your dependent child(ren) and other people living with you only if you (or your spouse) will provide more than half their support.					
FULL NAME List all family members in household below	AGE	RELATIONSHIP		nding a	COLLEGE t least half-time be n a degree or certi			
		SELF	Niaga	ra Cou	nty Community	College		

C. Check the appropriate box below to indicate if y	you filed taxes or not:						
Check here if you (the student) or your spouse (if marri data retrieval tool was <b>not</b> used, return to <u>studentaid.go</u> provide a <u>signed</u> copy for your 2020 1040 tax return.							
Check here if you (the student) or your spouse (if marri If you (and/or spouse) did not file a tax return, you will r filing status Form 4506-T.							
D. <u>Dependent Students Only</u> - Check the appropria	te box to indicate if your p	parent(s) filed taxes or not					
Check here if parent(s) filed or will file a 2020 Federal I used, return to studentaid.gov to make corrections usin of your 2020 1040 tax return.							
Check here if your parent(s) are not required to file a 2020 Federal Income Tax Return. If parent(s) did not file a tax return, you will need to contact the IRS and request a statement of non-tax filing status Form 4506-T.							
E. NONTAXABLE INCOME: List all sources of untaxed income received in 2020.  Indicate "0" if none received.							
***DO NOT LEAVE ANY BLANKS. If the answer is zero or no, please write "0" or "No".							
Source	Student / Spouse	Parent(s) (Dependent Students Only)					
W-2 earnings from work (only if NO tax return was filed)	\$	\$					
401K on <b>W2 boxes 12a through 12d codes D, E, F, G, H, S</b>	\$	\$					
Workers Compensation	\$	\$					
Child Support Received	\$	\$					
Untaxed Pensions	\$	\$					
Other:	\$	\$					
Did you and/or parent(s) receive Public Assistance? Did you and/or parent(s) receive Social Security? Did you and/or parent(s) receive SNAP (Food Stamps)?*	YES NO	YES NO					
F. SIGNATURES: By signing this worksheet, I (we) certify that all the information reported for Federal Student Aid is complete and correct.							
Student's signature Date	Spouse's signature (optional)	Date					
DEPENDENT students only: Only one parent needs to sign below							
Parent 1 (Father/Mother/Stepparent) Signature Date	Parent 2 (Father/Mother/Stepparent) Signature Date						

 $\textbf{WARNING:} \ \textbf{If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.}$