Niagara County Community College

The Smart Place to Start

2023 - 2024 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 #			
Social Security Number		(Alea code)	Florie Florie #	,	Cell Filone #			
Address (include apt. no.)		City		State	Zip code	Date of Birth		
D FAMILY INCORMATION	ON: Can		oing ONE of th	ha inatr	ustions bole			
B. FAMILY INFORMATION: Complete the chart using <u>ONE</u> of the instructions below – Dependent <u>OR</u> Independent								
○ DEPENDENT STUDENT ○ INDEPENDENT STUDENT					Т			
If required to give parental information when applying			List the people that you (and your spouse) will support between July 1, 2023 and June 30, 2024.					
for Federal Student Aid, list the people your parent(s) will support between July 1, 2023 and June 30, 2024.			Include: 1) You	Include: 1) Yourself, 2) Your spouse, 3) Your dependent				
Include: 1) Yourself, 2) Your particular child(ren) and other people liv		child(ren) and other people living with you only if you (or your spouse) will provide more than half their						
will provide more than half the			support.	, p. c.				
FULL NAME	AGE	RELATIONSHIP			COLLEGE			
List all family members in household below	<u> AOL</u>	KELATIONSIII		List only if attending at least half-time between 7/1/23 and 6/30/24 and enrolled in a degree or certificate program.				
		SELF	Nia	Niagara County Community College				

C. Check the appropriate box below to indicate if	you filed taxes or not:					
Check here if you (the student) or your spouse (if marridata retrieval tool was not used, return to <u>studentaid.graphs</u> provide a <u>signed</u> copy for your 2021 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 if 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 2021 Federal I used, return to studentaid.gov to make corrections usin of your 2021 1040 tax return.						
Check here if your parent(s) are not required to file a 2 tax return, you will need to contact the IRS and reques						
E. NONTAXABLE INCOME: List all sources of untaxed income received in 2021. 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 W2 boxes 12a through 12d codes D, E, F, G, H, S	\$	\$				
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 Federal Student Aid is complete	-	rmation reported for				
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					

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