

2022-2023 Verification Worksheet

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Name:			_	Social S	Se	curity	y N	Number:	

Your application has been selected for review in a process called "Verification." Federal regulations require that we verify the information you and parent(s)/spouse provided on your financial aid application. The law says we have the right to ask you for this information before awarding Federal aid. If there are any differences between your application information and your financial documents, we may make corrections electronically.

Information about your Family Members

- Independent Student List the people in <u>your household</u>. Include: yourself, and your spouse if you have one, **AND** your children, if you will provide more than half of their support from July 1, 2022 through June 30, 2023 **AND** other people if they now live with you, and you currently provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023. If you parents are not married to each other and live together include both of them in your household size.
- **Dependent Student** List the people in <u>your parent(s)</u>' household. Include: yourself and your parent(s) (including stepparent) even if you don't live with them, **AND** your parents' other children, even if they don't live with your parent(s) **IF** (a) your parents provide more than half of their support from July 1, 2022 through June 30, 2023, **OR** (b) the children would be required to provide parental information when applying for Federal Student Aid, **AND** other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Write the name of all household members and include their ages and relationship to you. Also write the name of the college for any household member, who will be attending college **at least half-time** between July 1, 2022 and June 30, 2023, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	BRTC

□ SSI □ Free/Reduced Lunches		ļ	□ WIC		IF		
		iches	□ Social Security				
Tax Forms an	d Income In	<u>formation</u>					
tudant's and Sno	augo'g TOTAl	Linaama braakda	over for 2020 S	tudent's / Mother /	Davant 1 ¢		
		on your W-2 form		tudent 8/ Mother /	rarent 1 \$_		
Do <u>NOT</u> list the		•		pouse's / Father / P	arent 2 \$_		
Student/ Spouse (if married)	i		COME and Additional Financial Information PORT 2020 ANNUAL AMOUNTS)				
\$	Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits.) Don't include the value of on-base military housing or the value of a basic military allowance for housing.						
\$	Veterans nor	oneducation benefits such as Disability, Death Pension, or DIC and/or VA il Work-Study Allowances.					
	Other untaxed income not reported in schedule 2 line 45, such as workers' compensation, disability benefits, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040 schedule 1 line 25. Don't include extended foster						
	care benefits payments, ur	, student aid, earned staxed Social Securi	income credit, add ty benefits, Supple	litional child tax credit, mental Security Incomes, on-base military hou	welfare e, Workforce		
	military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels. Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.						
\$							
\$				m offered by a college		\$	
\$				to the IRS in your AG		\$	
\$				grams such as Federal	Work Study	\$	
\$ Amount of taxable combat pay.			tions of fellowships and assistantships.				
filers Only: Lis	t below any e	earned income rec	eived in 2020 and d not and are no	d you MUST submit required to file a 20 pouse or Parent(s)	it a copy of ar 020 Federal T	ny W-2 f	
Source of fileoni	e/Support	Student Ame	ount 5	Amount	vv as a v	v -2 Issued	
□ You □	Your Spouse	☐ Your Father	☐ Your M	Nother Parent	1 P a	rent 2	
		•	or misleading in	on reported on it is on formation regarding	-		