



A Great Place To **Start**<sup>™</sup>  
 A Member of the Alabama Community College System

**Office of Financial Aid  
 Independent Verification Worksheet**

Your 2020/2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Before awarding Federal Student Aid, we will ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a student whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

**A. Student's Information**

Student's Last Name	First Name	M.I.	A
			Bishop ID Number
Student's Street Address (include apt. no.)	City	State	Zip
			Student's Date of Birth and Last 4 Digits of SSN
Student's Phone Number (include area code)	@bishop.edu		
			Bishop Email

**B. Student Marital Status and Household Information:**

**Student is or has:**       Never Married                       Married/Remarried                       Divorced  
     Unmarried, but living together                       Separated                       Widowed

Effective Date: \_\_\_\_\_ (month/year) \*If divorced, please attach a copy of the divorce decree. If separated, please attach proof, including but not limited to utility bills, lease or mortgage papers, etc. If widowed, please attach the death certificate, or obituary.

**Household Information as of today:**

- List yourself (the student) below.

Full Name	Age

- List your spouse/partner below –

Full Name	Age	Relationship	College

- List student or spouse's children below if the student or spouse will provide more than half of their support from July 1, 2120, through June 30, 2121.
- List other people only if they now live with you and you will provide more than half of their support and will continue to provide more than half of their support through June 30, 2121.

Full Name	Age	Relationship	College

If more space is needed, provide a separate page with the student's name and ID number at the top.

**\*If enrolled somewhere other than Bishop State CC, please provide proof of enrollment in a program of study. This can be a schedule or enrollment verification letter.**

**C. Student and/or Spouse Tax Information: (check only one option)**

\_\_\_\_\_ Student (and/or spouse) has/have completed the data match using the Data Retrieval Tool (DRT) at [www.studentaid.gov](http://www.studentaid.gov).

\_\_\_\_\_ Student (and/or spouse) is/are providing all W2s and a 2018 IRS Tax Transcript. Visit [www.irs.gov](http://www.irs.gov) to order online or call 1-800-908-9946.

\_\_\_\_\_ Student (and/or spouse) was/were not employed and had no income earned from work in 2018 and will provide a non-tax filer letter from the IRS. Visit [www.irs.gov](http://www.irs.gov) to order online or call 1-800-908-9946.

\_\_\_\_\_ Student (and/or spouse) is/are not required to file a 2018 IRS Tax Return. List the employer’s name or sources of income below and provide ALL W2’s issued to the student.

Employer’s Name	2018 Amount Earned	IRS W-2 Provided?
<i>ABC Auto Body Shop (example)</i>	<i>\$2,000.00</i>	<i>Yes</i>

If more space is needed, provide a separate page with the student’s name and ID number at the top.

**D. Receipt of Federal Benefits**

Please answer whether any member of the students’ household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program); Temporary Assistance for Needy Families Program or TANF; and/or Women, Infants and Children’s Program or WIC sometime during 2018 or 2019. SNAP, TANF, and/or WIC may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243). Note: If we have reason to believe that the information regarding the receipt of Federal benefits is inaccurate, we may require documentation from the agency that issued the benefits.

- Supplemental Nutrition Assistance Program (SNAP)  
 \_\_\_\_\_ I certify that myself or someone in my household received SNAP benefits.  
 \_\_\_\_\_ I certify that no one in my household received SNAP benefits.
- Temporary Assistance for Needy Families Program (TANF)  
 \_\_\_\_\_ I certify that myself or someone in my household received TANF benefits.  
 \_\_\_\_\_ I certify that no one in my household received TANF benefits.
- Women, Infants, and Children Program (WIC)  
 \_\_\_\_\_ I certify that myself or someone in my household received WIC benefits.  
 \_\_\_\_\_ I certify that no one in my household received WIC benefits.

**E. Certification and Signature: WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, and/or removed from school.**

Each person signing below certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

If parent signature is not available due to Covid-19, please provide a statement on the signature line.

\_\_\_\_\_  
 Student’s Signature  
 no electronic signature, must be original

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Spouse’s Signature (optional)  
 no electronic signature, must be original

\_\_\_\_\_  
 Date

