

2023-2024 Form 5 – Independent Applicant

Financial Aid Office
Bristol Community College 777 Elsbree Street Fall River, MA 02720

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for verification. You must confirm the information you reported on your FAFSA. Complete and sign this worksheet and submit the form and other required documents to the Financial Aid Office. Additional information may be requested once these documents are reviewed. If you have questions about verification, contact the Financial Aid Office.

An official high school (or high school equivalency) transcript is also required and must be submitted to the Financial Aid Office. This requirement is waived for applicants who have already submitted the official transcript to the Admissions Office.

900 _____ - _____ - _____ / ____ / ____
Bristol ID number Social Security number Date of Birth

Last Name First Name M. I.

Street Address City State ZIP

Home Phone Cell Phone

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

A. Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023-2024. Include children who meet 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, 2023.

Full Name	Age	Relationship	If attending college during 2023-2024, list name of college	Enrolled at least half time in college?
Example: Missy Jones	28	Wife	Central University	Yes
Enter student name in this box		Self	Bristol Community College	

Check here if you or your spouse (if listed above) **PAID OUT** child support in 2021 and complete the below chart.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2021

Check here if you or your spouse (if listed above) **RECEIVED** child support in 2021 and complete the chart below.

Name of Person Who Received Child Support	Name of Child For Whom Support was Received	Amount of Child Support Received in 2021

B. Student/Spouse Information to be Verified

Check the box that applies:

- I (and/or my spouse if married) filed a 2021 Federal Tax Return (check the box that applies)
 - I used the IRS Data Retrieval Tool at studentaid.gov (recommended)
 - I have attached my signed 2021 federal 1040 Tax Return and applicable schedules
 - I have attached my 2021 Tax Return Transcript from the IRS or will submit it by _____

- I (and/or my spouse if married) filed an amended 2021 Federal Tax Return and will provide the following three documents (**Required**):
 - a. 2021 signed 1040 federal IRS Tax Return (and applicable schedules) or Tax Return Transcript
 - b. a signed copy of 2021 federal IRS 1040X

- I (and/or my spouse if married) worked in 2021, but will not file a 2021 Federal Tax Return and will provide the following documents (**Required**):
 - (a) 2021 IRS Verification of NonFiling Letter from irs.gov
If unavailable you may provide "2023-2024 Student (or Spouse) Non-Filer Form"
 - (b) Copies of all 2021 W-2s and/or 1099 Forms

Use this chart to report all income you earned in 2021.		
Employer's Name	Amount earned in 2021	IRS W-2 Form attached?

- I (and/or my spouse if married) did not work and will not file a 2021 Federal Tax Return and will provide the following documents (Required):
 - (a) 2021 IRS Verification of NonFiling Letter from irs.gov
If unavailable you may provide "2023-2024 Student (or Spouse) Non-Filer Form"

C. Other Income

- Check here if someone in your household (who is listed on the chart in Section A) received any of the following benefits in 2021 or 2022. Place a checkmark below indicating which benefits were received:
 ___SNAP ___TANF/TAFC/EAEDC ___Medicaid, SSI, or SSDI ___WIC ___Free or Reduced School Lunch

D. Certification and Signatures

I certify that all of the information reported on this worksheet is complete and correct.

Student's signature _____ Date _____



Stop here and read directions below

E. Statement of Educational Purpose and Identity

What you need to do:

- You must appear, in person, to verify your identity
- You must present a valid government-issued photo identification (ID) such as an unexpired driver's license, other state issued ID, or passport
- Call the office at 774-357-2515 to arrange to meet with a Financial Aid Office associate
- Do not complete this statement until you are with a Financial Aid Office associate
- Complete either the English or Spanish version

Lo que debes hacer:

- Usted debe presentarse, en persona, para verificar su identidad
- Usted debe presentar identificación válida con foto emitida por el gobierno (ID) tal como una licencia vigente, otra identificación emitida por el estado (ID), o pasaporte
- Llame a la oficina de Ayuda Financiera (Financial Aid) al 774-357-2515 para hacer arreglos para reunirse con un Asociado de Ayuda Financiera
- No termine esta última sección hasta que este con un Asociado de Ayuda Financiera
- Completa la versión en Español o Inglés

Statement of Educational Purpose

I certify that I (print your name) _____,
am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Bristol Community College for 2023-2024.

Student's Signature _____ Date _____
Student's ID Number _____

Declaración de Propósito Educativo

Certifico que yo, [Imprimir Nombre del Estudiante] _____
soy el individuo que firma esta Declaración de Propósito Educativo, y que la ayuda financiera federal estudiantil que yo pueda recibir sólo será utilizada para fines educativos y para pagar el costo de asistir a Bristol Community College para 2023-2024.

Firma del Estudiante _____ la Fecha _____

Número de identificación del estudiante _____

Financial Aid Office Associate:

- 1. Student must sign this statement in your presence
- 2. FAO associate must sign this form
- 3. FAO associate must photocopy ID, sign and indicate date received
- 4. FAO retains ID copy and this statement for processing

Financial Aid Associate Signature _____ Date _____