

## 2023-2024 Form 5 – Dependent 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 and your parents reported on your FAFSA. You and the parent with whom you completed the FAFSA must 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

### A. Family Information

List below the people in your parent(s)' household.

Due to your dependent status include:

- Yourself
- Your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s) other children if your parent(s) will provide more than half of their support from July 1, 2023 through June 30, 2024, or if the other children would be required to provide parental information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2023.

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

**Note:** The parent with whom you completed the FAFSA should be the parent who provides his or her information and signature on this form.

Full Name	Age	Relationship	If attending college during 2023-2024, list name of college	Enrolled at least half time in college?
Example: Missy Jones	18	Sister	Central University	Yes
Enter student name in this box		Self	Bristol Community College	

☐ Check here if one (or both) of your parents listed above **PAID OUT** child support in 2021 and complete the below chart.

Name of Person Who Paid Child Support	Name of Person <u>to</u> Whom Child Support was Paid	Name of Child <u>for</u> Whom Support was Paid	Amount of Child Support Paid in 2021

☐ Check here if one (or both) of your parents listed above **RECEIVED** child support in 2021 and complete the chart below.

Name of Person Who Received Child Support	Name of Child <u>For</u> Whom Support was Received	Amount of Child Support Received in 2021

**B. Student Information to be Verified**

Check the box that applies:

- ☐ I filed a 2021 Federal Tax Return (check the box that applies)
- ☐ I have used the IRS Data Retrieval Tool at [studentaid.gov](https://studentaid.gov) (recommended)
- ☐ I attached copies of my 2021 signed federal 1040 Tax Return and applicable schedules
- ☐ I have attached my 2021 Tax Return Transcript or will submit it to the school by \_\_\_\_\_

- ☐ I filed an amended 2021 IRS tax return and will provide the following three documents **(Required)**:
- (a) 2021 signed 1040 IRS Tax Return (and applicable schedules) or IRS Tax Return Transcript
- (b) a signed copy of 2021 1040X

- ☐ I worked in 2021, but I will not file a 2021 Federal Tax Return (complete the chart below)
- Attached are copies of my 2021 W-2s and/or 1099 Forms **(Required)**

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

- ☐ I did not work in 2021 and will not file a 2021 Federal Tax Return.

**C. Parent Information to be Verified**

If two parents were reported in Section A of this worksheet, the instructions and certifications below refer to both parents.

Check the box that applies:

- ☐ My parent(s) filed a 2021 Federal Tax Return (check the box that applies)
- ☐ My parent(s) used the IRS Data Retrieval Tool at [studentaid.gov](https://studentaid.gov) (recommended)
- ☐ My parent(s) have attached their signed IRS 1040 Tax Return and applicable schedules
- ☐ My parent(s) have attached their 2021 Tax Return Transcript or will submit it by \_\_\_\_\_
- ☐ My parent(s) filed an amended 2021 Federal Tax Return and will provide the following three documents **(Required)**:
- a. 2021 signed 1040 IRS Tax Return (and applicable schedules) or IRS Tax Return Transcript
- b. a signed copy of 2021 1040X
- ☐ My parent(s) worked in 2021, but will not file a 2021 Federal Tax Return and will provide the following documents:
- (a) 2021 IRS Verification of NonFiling Letter from [irs.gov](https://irs.gov) for each parent listed in Section A **(Required)**
- If unavailable you may provide "2023-2024 Parent Non-Filer Form"
- (b) Copies of all 2021 W-2s and/or 1099 Forms **(Required)**

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

- ☐ My parent(s) did not work and will not file a 2021 Federal Tax Return and will provide the following documents:
- (a) 2021 IRS Verification of NonFiling Letter from [irs.gov](https://irs.gov) for each parent listed in Section A **(Required)**
- If unavailable you may provide "2023-2024 Parent Non-Filer Form"

**D. Parent Other Income**

- ☐ Check here if someone in your parents' 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/TAFCDC/EAEDC    \_\_\_Medicaid/SSI    \_\_\_WIC    \_\_\_Free or Reduced School Lunch

**E. Certification and Signatures** Each person signing this form certifies that all information reported is complete and correct.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



*Stop here and read directions below before proceeding*

## F. 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 page 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 \_\_\_\_\_