

## 2024-2025 Form 5 – Independent Applicant

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

Your 2024-2025 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

### 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, 2024 through June 30, 2025, or if the child would be required to provide your information if they were completing a FAFSA for 2024-2025. 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, 2025.

Full Name	Age	Relationship	If attending college during 2024-2025, 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	

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

**B. Student/Spouse Information to be Verified**

Check the box that applies:

- ☐ I (and/or my spouse if married) **consented** to use the Direct Data Exchange (DDX) on the FAFSA to retrieve and transfer 2022 IRS income information into my FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.
- ☐ I (and/or my spouse if married) **will provide** the institution with a 2022 IRS Tax Return Transcript(s) or a signed copy of the 2022 income tax return and applicable schedules.
- ☐ I (and/or my spouse if married) **filed an amended 2022 Federal IRS tax return** and will provide the following:
- (a) Signed 2022 Federal IRS 1040 tax return (and applicable schedules) or 2022 IRS tax return transcript
  - (b) Signed copy of your 2022 Amended tax return (Form 1040x)
- ☐ I (and/or my spouse if married) **did not work** in 2022 and **will not file** a 2022 Federal Tax Return and will provide the following document **(Required)**:
- (a) 2022 IRS Verification of Non-Filing letter from irs.gov  
If unavailable, you may provide the "2024-2025 Student Non-Filer Statement"
- ☐ I (and/or my spouse if married) **worked** in 2022, but **will not file** a 2022 Federal tax return and will provide the following documents **(Required)**:
- (a) 2022 IRS Verification of Non-Filing letter  
If unavailable, you may provide the "2024-2025 Student Non-Filer Statement"
  - (b) Copies of all 2022 W-2s and/or 1099 Forms

Use this chart to report all income you earned in 2022.		
Employer's Name	Amount earned in 2022	IRS W-2 Form attached?

**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 2022 or 2023. Place a checkmark below indicating which benefits were received:  
\_\_\_SNAP \_\_\_TANF \_\_\_Medicaid/SSI \_\_\_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 before proceeding***

## 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 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 2024-2025.

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 2024-2025.

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
- 5.

Financial Aid Associate Signature \_\_\_\_\_ Date \_\_\_\_\_