

Student Financial Aid Office 1003 Monroe Avenue

> Memphis, TN 38104 Fax: (901) 572-2461

Email: financial.aid@bchs.edu

2024-2025 DEPENDENT AGGREGATE STUDENT VERIFICATION WORKSHEET (DV5)

INSTRUCTIONS:

Your Free Application for Federal Student Aid (FAFSA) was selected for a review process called verification. **Verification must be completed before your financial aid package can be determined.** Verification requires the Financial Aid Office to confirm the information you reported on your FAFSA. Please complete **ALL** sections of this worksheet, attach all requested documentation, and sign and return to the Financial Aid Office. **Verification cannot be completed until all requested documents are received and reviewed.**

For Tax Filers - The Student Financial Aid Office highly <u>RECOMMENDS</u> use of the IRS Data Retrieval Tool (DRT) that is part of the FAFSA on the Web as this is the best way to verify income, and in most cases, no further documentation is needed to verify 2022 IRS income tax return information that was transferred into the FAFSA and not changed.

A. STUDENT INFORMATION		
Student Name:		
Student ID#:	Date of Birth:	
Permanent Address:		
City/State/Zip:	Phone:	
B. HOUSEHOLD INFORMATION		

List in the chart below the people in the student's household. Include:

- Yourself, and your spouse if you are married;
- Your children or your spouse's children if you or your spouse will provide more than half of their financial support from July 1, 2024, through June 30, 2025, even if the children do not live with you;
- Other people, if they now live with you or your spouse and you provide more than half of their support and will
 continue to provide more than half of their financial support through June 30, 2025.
- For any household member who will be enrolled at least half-time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2024, and June 30, 2025, include the name of the college.

Full Name	Age	Relationship to Student	College
		Self	BHSU

		Stud	lent ID#		
C. STUDEN	T TAX INCOME INFORMATION				
Did you file a	Federal Income Tax Return for 2022? (Circle	one) Yes	No		
1. If you	answered YES, check the box that applies				
	I <u>have used</u> the IRS Data Retrieval Tool to tra I will submit my 2022 IRS tax return or tax tra		me information into my l	FAFSA.	
NOTE: If you f	filed separate 2022 IRS income tax returns, a pouse.	2022 IRS Tax Return n	nust be provided for b	oth the	
2. If you	answered NO, check the box that applies:				
□ I <u>WAS NOT</u> employed and had <u>NO</u> income earned from work in 2022. □ I was employed in 2022 and have listed below the names of all employers, the amount earned from each employer in 2022, and whether an IRS W-2 form is provided.					
	Employer's Name	2022 Amount Ea	arned IRS W-2 Prov	rided?	
	You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.				
ι	Intaxed Income Source	2022 Am	nount		
n DADENT	(S) TAX INCOME INFORMATION				
	• ,	Anna Na			
-	Federal Income Tax Return for 2022? (Circle	one) Yes No			
•	answered YES, check the box(s) that applies				
	My parent <u>has used</u> the IRS Data Retrieval To FAFSA.	ool to transfer our 2021 l	RS income information	into the	
	My parent was <u>unable or chose not to use</u> the tax return or tax transcript	e IRS Data Retrieval To	ool, and will submit our 2	022 IRS	
2. If vou	answered NO, check the box that applies:				
 My parent <u>WAS NOT</u> employed and had <u>NO</u> income earned from work in 2022. My parent was employed in 2022 and has listed below the names of all employers, the amount earned from each employer in 2022, and whether an IRS W-2 form is provided. 					
	Employer's Name	2022 Amount Ear	rned IRS W-2 Provi	ded?	
You must also identify any untaxed income earnings including, but not limited to child support received, workers compensation, untaxed pension, etc. in the table below, if applicable.					
	Untaxed Income Source		Amount	1	
				7	

E. CERTIFICATION AND SIGNATURE

Each person signing below certifies that all of the information reported is complete and correct.		WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.	
Student's Name (Print)			
Student's Signature (Required)	Date	_	
Parent's Signature (Required)	 Date		

Student ID#	
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F. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE

*****IMPORTANT - DO NOT COMPLETE THE FOLLOWING SECTION IN ADVANCE*****

THIS PORTION OF THE FORM MUST BE COMPLETED IN FRONT OF A FINANCIAL AID REPRESENTATIVE OR NOTARY PUBLIC

IDENTITY CERTIFICATION

You must appear in person at <u>Baptist Health Sciences University</u> to verify your identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The Financial Aid Office will maintain a copy of your photo ID along with the date it was received and the name of the representative or notary authorized confirm.

STATEMENT OF EDUCATIONAL PURPOSE I certify that I am the individual signing this Statement of Educational (print student's name) 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 Baptist Health Sciences University for 2024-2025. (Student's Signature) (Date) IF SUBMITTING IN PERSON Present this form with original valid government-issued photo id. To be completed by a Financial Aid Representative: ID Type: ID Number: Exp: FA Rep Name (print); FA Rep Title: FAA Signature: Date: IF SUBMITTING BY MAIL (NO FAX) Send this form with photocopy of valid government-issued photo id. To be completed by Notary Public: State of _____ City/County of _____ _____, before me, _____) (Notary's name) (Date) _____, personally appeared and provided to me on basis of (Printed name of signer) satisfactory evidence of identification to be the above-named (Type of government-issued photo ID provided) **NOTARY SEAL** person who signed the foregoing instrument. WITNESS my hand and official seal _____ (Notary signature) My commission expires on _____ (Date)