

Form 5 – Independent Applicant 2019-20

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

Your 2019-20 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, 2019 through June 30, 2020, or if the child would be required to provide your information if they were completing a FAFSA for 2019-20. 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, 2020.

Full Name	Age	Relationship	If attending college during 2019-20, 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 2017 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 2017

Check here if you or your spouse (if listed above) **RECEIVED** child support in 2017 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 2017

B. Student/Spouse Information to be Verified

Check the box that applies:

- I (and/or my spouse if married) filed a 2017 Federal Tax Return (check the box that applies)
 - I used the IRS Data Retrieval Tool at www.fafsa.gov (recommended)
 - I have attached the 2017 Tax Return Transcript from the IRS
 - I will request the 2017 Tax Return Transcript from the IRS and submit it by _____

- I (and/or my spouse if married) filed an amended 2017 Federal Tax Return and will provide the following three documents (**Required**):
 - a. 2017 Tax Return Transcript
 - b. a signed copy of 2017 1040X
 - c. 2017 Tax Account Transcript

- I (and/or my spouse if married) worked in 2017, but will not file a 2017 Federal Tax Return and will provide the following documents:
 - (a) 2017 Verification of NonFiling Letter (**Required**)
 - (b) Copies of all 2017 W-2s and/or 1099 Forms (**Required**)

Use this chart to report all income you earned in 2017.

Employer's Name	Amount earned in 2017	IRS W-2 Form attached?

- I (and/or my spouse if married) did not work and will not file a 2017 Federal Tax Return and will provide the following documents:
 - (a) 2017 Verification of NonFiling Letter (**Required**)

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 2017 or 2018. Place a checkmark below indicating which benefits were received:
 ___SNAP (Food Stamps) ___TANF/TAFC/EAEDC ___Medicaid, SSI, or SSDI ___WIC ___Free or Reduced 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 508.678.2811, extension 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 508. 678. 2811, extensión 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 2019-20.

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 2019-20.

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 _____