

2016-17 Verification Form
Blackfeet Community College
Financial Aid Department

Send all paperwork to: **Blackfeet Community College**
Financial Aid Department
PO Box 819
Browning, MT 59417

Fax 406-338-3272
Phone 406-338-5421

Instructions:

1. **Make sure all sections of form are completed in full or it will delay the financial aid process.**
2. **PLEASE USE BLACK INK.**
3. **DEPENDENT STUDENTS (required to include parent information on the FAFSA) must complete ALL SECTIONS of this form.**
4. **INDEPENDENT STUDENTS must complete all sections EXCEPT Section 6.**

1. Student Information:

Last Name	First Name	M.I.	Student ID #/Social Security #
			()
Address (include Apt No.)			Phone number
City	State	Zip	E-mail

2. Family Information:

◆**Dependent Students** (if required to include parent information on the FAFSA): List the people your parent(s) will support between July 1, 2016 and June 30, 2017. **Include yourself, your parent(s), and your parents' other children (if your parent(s) provide more than one half of their support OR the children would be required to provide your parents' information when completing the FAFSA).** Include other people as part of the family if your parent(s) provide more than half of their support and will continue to support them between July 1, 2016 and June 30, 2017.

◆**Independent Students:** List the people that you (and your spouse) will support between July 1, 2016 and June 30, 2017. **Include yourself and, if applicable, your spouse, your children if you provide more than one half of their support,** and other people if they live with you and receive more than half of their support from you and will continue to do so between July 1, 2016 and June 30, 2017.

In addition to listing your family members below, if any of the members will be attending college at least half-time between July 1, 2016 and June 30, 2017 and will be in a degree or certificate program, include the name of their college/postsecondary school. Always list yourself (the student) first. If you need more space, attach a separate page.

Name	Age	Relationship	Name of Current College/Postsecondary School
		<i>STUDENT/SELF</i>	

3. Food Stamps (SNAP): Did anyone listed in Section 2 above receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2015 or 2016 calendar years?

Yes No If Yes, please complete the SNAP Verification Form (V2)

4. Child Support Paid: Did anyone listed in Section 2 above pay child support in 2016?

Yes No If Yes, please complete the Child Support Paid Verification Form (V3)

5. **Student Income information:** Please include spouse's income information if student is married.

- Check the box that applies if the student **filed or will file** a 2015 income tax return with the IRS.
 - The student (and spouse) successfully used the IRS Data Retrieval Tool on the FAFSA on _____ (date).
 - The student (and spouse) will use the IRS Data Retrieval Tool. See "Instructions for Providing Tax Documentation".
 - The student (and spouse) will not use the IRS Data Retrieval Tool. Attached is a **2015 IRS tax return transcript**—(not a photocopy of the income tax return). See "Instructions for Providing Tax Documentation".
- Check the box that applies if the student is **not required** to file a 2015 income tax return with the IRS.
 - The student (and spouse) was not employed and had no income earned from work in 2015.
 - The student (and spouse) will not file a 2015 Federal tax return but was employed in 2015. Complete the following and attach copies of all 2015 IRS W-2 forms issued to the student (and spouse) by employers. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

List the Names of ALL the Student's (and spouse's) Employers	Enter the Amount Earned from each Employer in 2015	IRS W-2 (Circle One)	
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received

6. **Parent Income information - Dependent Students Only** (if required to include parent information on the FAFSA):

- Check the box that applies if the parent(s) **filed or will file** a 2015 income tax return with the IRS.
 - The parent(s) successfully used the IRS Data Retrieval Tool on the FAFSA on _____ (date).
 - The parent(s) will use the IRS Data Retrieval Tool. See "Instructions for Providing Tax Documentation".
 - The parent(s) will not use the IRS Data Retrieval Tool. Attached is a **2015 IRS tax return transcript**—not a photocopy of the income tax return. See "Instructions for Providing Tax Documentation".
- Check the box that applies if the parent(s) is **not required** to file a 2015 income tax return with the IRS.
 - The parent(s) was not employed and had no income earned from work in 2015.
 - The parent(s) did not file a 2015 Federal tax return but was employed in 2015. Complete the following and attach copies of all 2015 IRS W-2 forms issued to the parent(s) by employers. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

List the Names of ALL the Parent(s) Employers	Enter the Amount Earned from each Employer in 2015	IRS W-2 (Circle One)	
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received
		Attached	Never Received

7. **Certification of signatures:** **SENDING WITHOUT SIGNATURES WILL DELAY THE FINANCIAL AID PROCESS.**

By signing this worksheet, I (we) certify that all information reported on this form to qualify for Federal aid is complete and correct.

 Student Date Parent (if dependent) Date

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