



2023-24 Verification Worksheet

Federal Student Aid Program (Number in Household)

For Office Use Only:

Received by: _____

Date Received: _____

Your application was selected by the Department of Education for review in a process called "Verification." In this process, Bay Mills Community College will compare information from your FAFSA with this worksheet. The law requires completion of Verification before awarding and/or disbursing federal aid. If there are differences between your FAFSA and your verification documentation, electronic corrections to your FAFSA may be required. **You must complete and sign this worksheet, attach all required documents, and return it to the financial aid office before your application can be processed.** Contact the financial aid office at 1-866-967-BMCC if you have any questions.

A. Student Information

Last Name	First Name	M.I.	Student ID or Social Security Number
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

B. Family Information "If more space is required, attach a separate page."

Number of Household Members	Age		
<u>Independent Student's Family Information:</u> 1. The Student and Students Spouse (if married) 2. The Student/Spouses children if the student or spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if the children do not live with the student. 3. Other people in the household that live with the student, receive more than half of their support from the student and will continue to do so through June 30, 2024. <u>Dependent Student's Family Information:</u> 1. The Student and Parent(s) (including stepparent) even if you don't live with your parent(s). 2. Parent(s) other children if your parent(s) provide more than half of their support from July 1, 2023, through June 30, 2024. 3. Other people in the household that live with your parent(s), receive more than half of their support from your parent(s) and will continue to do so through June 30, 2024.	Write the age of each family member in the chart below.		
	Relationship		
	Write the relationship of each family member to the student attending BMCC in the chart below.		
College			
Add the name of the college for any household member (excluding parents) who will be enrolled in a postsecondary educational institution <u>at least half-time</u> any time between July 1, 2023 and June 30, 2024.			
Full Name	Age	Relationship	College
Missy Jones (example)	27	Spouse	N/A
		Self	Bay Mills Community College

C. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct.

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

Student's Signature (Required) _____ Date _____

Parent's Signature (Required for Dependent Students) _____ Date _____

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet and all required documentation to the financial aid administrator at your school.