



Financial Aid Office
 360 Choate Avenue
 Buffalo, NY 14220
 716.826.1200

First Name: _____ Last Name: _____ Student ID _____

Instructions

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify that you provided correct information Trocaire College will compare your FAFSA with the information on this worksheet and with any other required documents. You must complete and sign this worksheet, attach any required documents, and return to the Trocaire Financial Aid Office.

Section 1: Tax Status and Income Information

Place an X next to the statement that best represents your and your parents' or stepparents' 2021 tax filing status and complete the corresponding instructions below.

Student	Parent																
<p>Did you file a 2021 Federal Income Tax Return? (You must check one box below and submit the requested documents.)</p> <p><input type="checkbox"/> YES – I used the IRS Data Retrieval Tool on the FAFSA (no documentation required.)</p> <p><input type="checkbox"/> YES – I have enclosed a signed copy of my 2021 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2021 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.</p> <p><input type="checkbox"/> NO – I did not earn any income from work in 2021.</p> <p><input type="checkbox"/> NO – I did not file a 2021 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Employer</td> <td style="width: 40%;">Amount Earned</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Employer	Amount Earned	_____	_____	_____	_____	_____	_____	<p>Did you file a 2021 Federal Income Tax Return? (You must check one box below and submit the requested documents.)</p> <p><input type="checkbox"/> YES – I used the IRS Data Retrieval Tool on the FAFSA (no documentation required.)</p> <p><input type="checkbox"/> YES – I have enclosed a <u>SIGNED</u> copy of my 2021 Tax Return (including schedules 1, 2 or 3 if applicable) <u>or</u> my 2021 IRS Tax Transcript. If you have amended your tax return, please submit <u>both</u> the amended return as well as an IRS Tax Return Transcript.</p> <p><input type="checkbox"/> NO – I did not earn any income from work in 2021. I have enclosed an IRS Verification of Non-Filing Letter.</p> <p><input type="checkbox"/> NO – I did not file a 2021 Federal Tax Return but I did earn wages from the employer(s) listed below. I have enclosed copies of my W-2 statements from each employer and an IRS Verification of Non-Filing Letter.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Employer</td> <td style="width: 40%;">Amount Earned</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Employer	Amount Earned	_____	_____	_____	_____	_____	_____
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Section 2: Household Verification

 List **ALL** individuals in your parent(s)' household, including:

1. **Yourself and your parent(s) (including stepparent)** even if you don't live with your parents; and
2. Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2023 through June 30, 2024 and
3. Other people who live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Write the names of all household members in the space below along with the name of the college for any household member who will be enrolled at least half-time between July 1, 2023 and June 30, 2024 in a degree, diploma, or certificate program at an eligible postsecondary institution.

Full Name	Age	Relationship	College
		Self	Trocaire College

Section 3: Certification and Signature - Please handwrite your signature. Typed Signatures cannot be accepted.

I certify that all information provided in this document is true, complete and accurate to the best of my knowledge. I further understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. Also, purposely giving false or misleading information on this worksheet may lead to fines, jail sentences, or both. I authorize the Trocaire College to make any change(s) necessary as a result of the updated information that I have provided.

 Student Signature (**Cannot be typed**)

Date

 Parent Signature (**Cannot be typed**)

Date