

Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

First Name:	Last Name:	Student ID:				
Part 1: Instructions						
The law says that before awareported on your FAFSA. To the information on this works	arding Federal Student Aid, we r verify that you provided correct	AFSA) was selected for review in may ask you to confirm the informinformation Trocaire College will documents. You must complet nancial Aid Office.	mation you and your parent(s) I compare your FAFSA with			
Section 1: Tax Status a						
	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				
Did you file a 2021 Fede (You must check one box be requested documents.)	eral Income Tax Return? below and submit the	Did you file a 2021 Federa (You must check one box below requested documents.)				
☐ YES – I used the IRS FAFSA (no documentation	Data Retrieval Tool on the on required.)	☐ YES – I used the IRS Da FAFSA (no documentation i				
	ng schedules 1, 2 or 3 if	☐ YES – I have enclosed a 2021 Tax Return (including applicable) or my 2021 IRS have amended your tax retuthe amended return as well Transcript.	schedules 1, 2 or 3 if Tax Transcript. If you ırn, please submit <u>both</u>			
□ NO – I did not earn any income from work in 2021.		■ NO – I did not earn any income from work in 2021. I have enclosed an IRS Verification of Non-Filing Letter.				
■ 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.		□ 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.				
Employer	Amount Earned	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 Trocaire College
		Self	Trocaire College



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Part 2: Instructions

You must verify your identity in person at the Enrollment Center before your financial aid can disburse. You must provide a valid, original government issued photo identification, such as, but not limited to, a driver's license, passport, or other state-issued ID. Trocaire College will take a photocopy of your ID and you can complete section 3 at this time. If you have an extenuating circumstance and cannot come to campus, you may complete section 3 and 4 with a notary.

Section 3: Student	Certification – Stateme	nt of Educational Purpo	se	
I certify that I.			. am the individual signing this	
	(Print Student N	ame)	, am the individual signing this	
Statement of Education used for educational p	onal Purpose and that the	e federal student financial	assistance I may receive will only be College for the 2023-2024 academic	
year.				
Student Signature:			Date:	
	(Cannot be typed)			
Financial Aid Adminis	trator's Signature:		Date:	
		ge - Notary's Certificate ne front and back of ID pres	e of Acknowledgement sented in notary statement below.	
State of	C	ity/County of		
On	, before me,		personally appeared,	
(Date)		(Notary's name)		
	, an	d provided to me on basis o	f satisfactory evidence of	
(Printed Student's N	ame)			
Identification	Identification to be the above name person who signed the forgoing in		ho signed the forgoing instrument.	
(Type of C	Govt Issued Photo ID)			
WITNESS my hand and official seal		Notary Signature:		
(seal)		My Commission expires on:		
I certify that all information knowledge. I further use withdrawal, and/or repworksheet may lead to necessary as a result	ation provided in this doc nderstand that any false payment of financial aid. A of fines, jail sentences, or of the updated information	ument is true, complete a statement or misrepresen Also, purposely giving fals both. I authorize Trocaire on that I have provided.	nd accurate to the best of my station will be cause for denial, reduction e or misleading information on this College to make any change(s)	
Student Signature (Cannot	t be typed) Dat	e Parent	Signature (Cannot be typed) Date	