

Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

First Name:	Last Name:	Student ID	
Instructions: Part 1			
verification. The law says the your parent(s) reported on your FAFSA with the information of the says that the says the says that the says that the says that the says that the says the	cation for Federal Student Aid (FA nat before awarding Federal Stude your FAFSA. To verify that you pr nation on this worksheet and with required documents, and return to	ent Aid, we may ask you to confir ovided correct information Trocai any other required documents. Y	m the information you and re College will compare ou must complete and sigr
Section 1: Tax Status	and Income Information		
	atement that best represents y corresponding instructions bel	• •	arents' 2022 tax filing
Student		Parent	
	deral Income Tax Return? below and submit the requested	Did you file a 2022 Federal You must check one box below documents.	
·	nsent & approval (FA-DDX) ax information on the FAFSA	☐ YES – I provided consent to retrieve IRS federal tax inf (skip to section 3).	,
2022 Tax Return (included applicable) or my 2022 have amended your tax	ed a signed copy of my ling schedules 1, 2 or 3 if IRS Tax Transcript. If you return, please submit <u>both</u> well as an IRS Tax Return	☐ YES – I have enclosed a 2022 Tax Return (including sapplicable) or my 2022 IRS have amended your tax return the amended return as well a Transcript.	chedules 1, 2 or 3 if ax Transcript. If you n, please submit <u>both</u>
□ NO – I did not earn a 2022.	any income from work in	□ NO – I did not earn any ir 2022. I have enclosed an IRS Filing Letter.	
□ NO – I did not file a 2022 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 2022 I did earn wages from the en have enclosed copies of meach employer and an IRS V Letter.	nployer(s) listed below. I y W-2 statements from
Employer	Amount Earned	Employer	Amount Earned



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Section 2: Household Verification

Write the names of all household members in the space below.

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, 2024 through June 30, 2025 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, 2024 through June 30, 2025.

Write the names of all household members in the space below.

Full Name	Age	Relationship
		Self



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Instructions: Part 2

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 Certific	ation – Statement of Educatio	nal Purpose	
I certify that I,	(Print Student Name)	, am the individual signing this	
Statement of Educational Pur	pose and that the federal studer	nt financial assistance I may receive will only be ng Trocaire College for the 2024-2025 academic	
Student Signature:	(Cannot be typed)	Date:	
	(Cannot be typed)		
Financial Aid Administrator's	Signature:	Date:	
Section 4: Not Appearing a	at Trocaire College – Notary's	Certificate of Acknowledgement	
		k of ID presented in notary statement below.	
_		· 	
On, befo	ore me,	personally appeared,	
(Date)	(Notary's name		
	, and provided to m	e on basis of satisfactory evidence of	
(Printed Student's Name)			
(Type of Govt Issue		ne person who signed the forgoing instrument.	
WITNESS my hand and official s	seal	Notary Signature:	
(seal)		My Commission expires on:	
Section 5: Certification and	d Signature - Please handwrite yo	our signature. Typed Signatures cannot be accepted.	
I certify that all information pro	ovided in this document is true,	complete and accurate to the best of my	
knowledge. I further understa	nd that any false statement or m	isrepresentation will be cause for denial,	
reduction, withdrawal, and/or	repayment of financial aid. Also	, purposely giving false or misleading information	
-	•	authorize Trocaire College to make any change(s)	
necessary as a result of the u	ipdated information that I have p	rovided.	