

Financial Aid Office 360 Choate Avenue Buffalo, NY 14220 716.826.1200

First Name:	Last Name:	Stu	dent ID:
Instructions: Part 1			
verification. The law says your spouse (if married) r compare your FAFSA with	plication for Federal Student Aid (FAs that before awarding Federal Studereported on your FAFSA. To verify the the information on this worksheet attach any required documents, and	ent Aid, we may ask you to co hat you provided correct inforr and with any other required d	nfirm the information you and mation Trocaire College will ocuments. You must complete
Section 1: Tax Statu	s and Income Information		
corresponding instructi	statement that best represents y ons below. Indicate spouse statu separate 2022 tax returns.		
Student		Spouse	
	ederal Income Tax Return? oox below and submit the	Did you file a 2022 Federa You must check one box b requested documents.	
	onsent & approval (FA-DDX) to ax information on the FAFSA	☐ YES – I provided conservative IRS federal tax in (skip to section 3).	ent & approval (FA-DDX) to formation on the FAFSA
Tax Return (including applicable) or my 202 have amended your to	sed a <b>signed</b> copy of my 2022 schedules 1, 2 or 3 if 2 IRS Tax Transcript. If you ax return, please submit <u>both</u> s well as an IRS Tax Return	☐ YES – I have enclosed 2022 Tax Return (includin applicable) or my 2022 IR have amended your tax rethe amended return as we Transcript.	ng schedules 1, 2 or 3 if S Tax Transcript. If you eturn, please submit <u>both</u>
□ NO – I did not earn any income from work in 2022. I have enclosed an IRS Verification of Non-Filing Letter.		□ NO – I did not earn any income from work in 2022. I have enclosed an IRS Verification of Non-Filing Letter.	
I did earn wages from have enclosed copie	a 2022 Federal Tax Return but the employer(s) listed below. I es of my W-2 statements from IRS Verification of Non-Filing	I did earn wages from the have enclosed copies of	22 Federal Tax Return but employer(s) listed below. I <b>f my W-2</b> statements from S Verification of Non-Filing
Employer	Amount Earned	Employer	Amount Earned



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## **Section 2: Household Verification**

List **ALL** individuals in your household, including:

- 1. Yourself and your spouse (if married).
- 2. Your children if you provide more than half of their support from July 1, 2023 through June 30, 2024.
- 3. Other people who live with you if you currently 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



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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	
<del>-</del>	•	authorize Trocaire College to make any change(s)	
necessary as a result of the u	ipdated information that I have p	rovided.	