



# 2009-2010 Verification Worksheet

## Federal Student Aid Programs

Independent

FORM APPROVED  
OMB NO. 1845-0041

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with signed copies of your (and your spouse's, if you are married) 2008 Federal tax forms, or with W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, you or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

Complete this verification form and submit it to your financial aid administrator as soon as possible, so that your financial aid won't be delayed. Your financial aid administrator will help you.

### What you should do

1. Collect your (and your spouse's) financial documents (signed Federal income tax forms, W-2 forms, etc.).
2. Talk to your financial aid administrator if you have questions about completing this worksheet.
3. Complete and sign the worksheet.
4. Submit the completed worksheet, tax forms, and any other documents your school requests to your financial aid administrator.
5. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your application. You or your school may need to make corrections electronically or by using your SAR.

### A. Student Information

Last name	First name	M.I.	Social Security Number
Address (include apt. no.)			Date of birth
City	State	ZIP Code	Phone number (include area code)

### B. Family Information

List the people in *your household*, including:

- yourself, and your spouse if you have one, and
- your children, if you will provide more than half of their support from July 1, 2009 through June 30, 2010, even if they do not live with you, and;
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College
<i>Martha Jones</i> (example)	<i>24</i>	<i>Wife</i>	<i>City University</i>
		Self	FIRST COAST TECH. COLLEGE

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0041. The time required to complete this information collection is estimated to average twelve minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: US Department of Education, Washington, DC 20202-5345.

**C. Student's Tax Forms and Income Information (all applicants)****Independent**

1. Check only one box below. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or request an Internal Revenue Service form that lists tax account information.
- Check here if you are attaching a signed copy of your tax return.
- Check here if a signed tax return will be submitted to the school by \_\_\_\_\_ (date).
- Check here if you will not file and are not required to file a 2008 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See Question 47 of the Free Application for Federal Student Aid (FAFSA).)

Sources of Untaxed Income	2008 Amount	Sources of Untaxed Income	2008 Amount
a. Child Support	\$	d.	\$
b. Workman's Compensation	\$	e.	\$
c. Untaxed Pensions	\$	f.	\$

3. If you did not file and are not required to file a 2008 Federal income tax return, list below your employer(s) and any income received in 2008 (use the W-2 form or other earnings statements if available).

Sources	2008 Income
	\$
	\$
	\$

**D. Spouse's Tax Forms and Income Information (if student is married)**

1. Check only one box below. Tax returns include the 2008 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return. If your spouse did not keep a copy of the tax return, request a copy from the tax preparer or request an Internal Revenue Service form that lists tax account information.
- Check here if you are attaching a signed copy of your and your spouse's joint tax return.
- Check here and attach spouse's signed tax return if your spouse filed a separate return.
- Check here if a signed spouse's tax return will be submitted to the school by \_\_\_\_\_ (date).
- Check here if your spouse will not file and is not required to file a 2008 U.S. Income Tax Return.

2. Funds received for child support and other untaxed income. (See Question 47 of the FAFSA.)

Sources of Untaxed Income	2008 Amount	Sources of Untaxed Income	2008 Amount
a. Child Support	\$	d.	\$
b. Workman's Compensation	\$	e.	\$
c. Untaxed Pensions	\$	f.	\$

3. If your spouse did not file and is not required to file a 2008 Federal income tax return, list below your spouse's employer(s) and any income received in 2008 (use the W-2 form or other earnings statements if available).

Sources	2008 Income
	\$
	\$
	\$

**E. Sign this Worksheet**

Each person signing this form certifies that all the information reported on it is complete and correct. If married, spouse's signature is optional.

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

Student

Date

Spouse

Date

*Do not mail this worksheet to the Department of Education. Submit this worksheet to your Financial Aid Administrator at your school. Don't forget to sign your tax forms.*

# Information for Residency Classification

A Florida "resident for tuition purposes" is a person who has, or a dependent person whose parent or legal guardian has, established and maintained legal residence in Florida for at least twelve months. Residence in Florida must be as a bonafide domicile rather than for the purpose of maintaining a residence incident to enrollment at an institution of higher education. To qualify as a Florida resident for tuition purposes, you must be a U.S. citizen, permanent resident alien, or legal alien granted indefinite stay by the Bureau of Citizenship and Immigration Services. Other persons not meeting the twelve-month legal residence requirement may be classified as Florida residents for tuition purposes only if they fall within one of the limited special categories authorized by the Florida Legislature and Florida Board of Education. All other persons are ineligible for classification as a Florida "resident for tuition purposes." Living in or attending school in Florida will not, in itself, establish legal residence. Students who depend on out-of-state parents for support are presumed to be legal residents of the same state as their parents.

## Non-Florida Residents

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application is submitted and that if I should qualify for some future term, it will be necessary for me to file the required documentation prior to the beginning of the term to be considered for Florida residency classification.

Signature (in ink): \_\_\_\_\_ Date: \_\_\_\_\_

## Florida Residents

*This section must be completed in full if you claim Florida residency for tuition purposes.*

- Attach copies of required documentation (if any).
- A notarized copy of your and/or your parents' most recent tax return(s) or other documentation may be requested to establish dependence/independence.
  - **Dependent:** A person for whom 50% or more of his/her support has been provided by another as defined by the Internal Revenue Service.
  - **Independent:** A person who provides more than 50% of his/her own support.
- A copy of the marriage certificate is required in all cases of a spouse claiming a partner's residency.
- A. I am an **independent person** and have maintained legal residence in Florida for at least 12 months.
- B. I am a **dependent person** and my parent or legal guardian has maintained legal residence in Florida for at least 12 months.
- C. I am a **dependent person** who has resided for five years with an adult relative other than my parent or legal guardian and my relative has maintained legal residence in Florida for at least 12 months. (Required: copy of most recent tax return on which you were claimed as a dependent or other proof of dependency.)
- D. I am **married to a person** who has maintained legal residence in Florida for at least 12 months. I have now established legal residence and intend to make Florida my permanent home. (Required: copy of marriage certificate, claimant's voter registration, driver's license, and vehicle registration.)
- E. I was **previously enrolled at a Florida state institution** and classified as a Florida resident for tuition purposes. I abandoned my Florida domicile **less than 12 months ago** and am now reestablishing Florida legal residence.
- F. According to the Bureau of Citizenship and Immigration Services, I am a **permanent resident alien or other legal alien** granted indefinite stay and have maintained a domicile in Florida for at least 12 months. (Required: immigration documentation and proof of Florida residency status.)
- G. I am a **member of the armed services** of the United States stationed in Florida on active military duty pursuant to military orders, my home of record is Florida, or I am a **member's spouse or dependent child**. (Required: copy of military orders or DD2058 showing home of record.)
- H. I am a full-time instructional or administrative employee **employed by a Florida public school, community college, or institution of higher education** or I am the **employee's spouse or dependent child**. (Required: copy of employment verification.)
- I. I am part of the **Latin American/Caribbean Scholarship Program**. (Required: copy of scholarship papers.)
- J. I am a qualified beneficiary under the terms of the **Florida Prepaid College Program** (s.1009.98, F.S.). (Required: copy of Florida Prepaid recipient card.)
- K. I am living on the Isthmus of Panama and have completed 12 consecutive months of college work at the FSU Panama Canal Branch or I am the student's spouse or dependent child. (Required: copy of marriage certificate or proof of dependency.)
- L. I am a full-time **employee of a state agency** or political subdivision of the state whose student fees are paid by the state agency or political subdivision for the purpose of job-related law enforcement or corrections training.
- M. I am an **active member of the Florida National Guard** who qualifies under s.250.10 (7) and (8) for the tuition assistance program.
- N. I am an **active duty member (or spouse of a member) of the Armed Services** of the United States attending a public community college or university within 50 miles of the military establishment where the member is stationed, if such an establishment is within a county contiguous to Florida.
- O. I am an **active duty member (or spouse or dependent child of a member) of the Canadian military** residing or stationed in Florida under the North American Air Defense (NORAD) Agreement, attending a public community college or university within 50 miles of the military establishment where the active duty member is stationed.

### Person claiming residency must complete this section in full

- Documents supporting the establishment of legal residence must be dated, issued, or filed 12 months before the first day of classes of the term for which a Florida resident classification is being sought. All documentation is subject to verification.
- Additional documentation other than what is required above may be requested in some cases.

**Please print:**

- |   |  |
|---|--|
| 1. Name of student: _____                                 | 2. Student's Social Security Number: _____ / _____ / _____ |
| 3. Name of person claiming Florida residency: <u>SELF</u> | 4. Claimant's relationship to student: <u>SELF</u>         |
| 5. Claimant's permanent legal address: _____              | 6. Claimant's telephone number: (____) _____               |

- |   |                              |                   |               |                                    |
|---|------------------------------|-------------------|---------------|------------------------------------|
| 7. Street/P.O. Box _____  | Apt. No. _____               | City _____        | State _____   | Zip Code _____                     |
| Date claimant began establishing legal Florida residency and domicile: _____ / _____ / _____<br>Mo Day Yr |                              |                   |               |                                    |
| 8. Claimant's driver's license:   | State: _____                 | Number: _____     | Original      | Date Issued: _____ / _____ / _____ |
| 9. Claimant's vehicle registration:   | State: _____                 | Tag Number: _____ |               | Date Issued: _____ / _____ / _____ |
| 10. Claimant's voter registration:  | State: _____                 | Number: _____     | County: _____ | Date Issued: _____ / _____ / _____ |
| 11. Non-U.S. citizen only:  | Resident Alien Number: _____ |                   |               | Date Issued: _____ / _____ / _____ |

*(copy of both sides of alien registration card required)*

I do hereby swear or affirm that the above-named student meets all requirements indicated in the checked category above for classification as a Florida resident for tuition purposes. I understand that a false statement in this affidavit will subject me to penalties for making a false statement pursuant to 837.06, Florida Statutes, and to FBOE Rule 6C-7.005 F.A.C.

Signature of person claiming Florida residency (as listed in Item 3 above) \_\_\_\_\_ Date \_\_\_\_\_

If student does not come in person, we need LEGIBLE copies of #8, 9 & 10.

**FL resident – independent**

#### **4.8 Documentary Evidence**

If an applicant qualifies for a statutory residency exception or qualification, then appropriate documentation must be submitted to evidence entitlement to that exception or qualification. Such evidence is generally specific to the type of residency exception or qualification being claimed by the applicant.

If an applicant does not qualify for a statutory residency exception or qualification and is not an "All-Florida" student, they will have to submit documentation that they (or a parent or legal guardian if a dependent) has been a Florida resident for at least 12 months prior to the first day of classes for which the student is enrolling. **At least two of the following documents must be submitted, with dates that evidence the 12-month qualifying period.** At least one of the documents must be from the First Tier. As some evidence is more persuasive than others, more than two may be requested. No single piece of documentation will be considered conclusive. **Additionally, there must be an absence of information that contradicts the applicant's claim of residency.**

##### **First Tier (at least one of the two documents submitted must be from this list)**

- Florida Driver's license (if known to be held in another state previously, must have relinquished)  
**OR** a State of Florida identification card (if evidence of no ties to another state)
- Florida voter registration card
- Florida vehicle registration
- Declaration of domicile in Florida (12 months from the date the document was sworn and subscribed as noted by the Clerk of Circuit Court)
- Proof of purchase of a permanent home in Florida that is occupied as a primary residence of the claimant
- Transcripts from a Florida high school for multiple years (if Florida high school diploma or GED was earned within last 12 months)
- Proof of permanent full-time employment in Florida (one or more jobs for at least 30 hours per week for a 12-month period)
- Benefit histories from Florida agencies or public assistance programs

##### **Second Tier (may be used in conjunction with one document from First Tier)**

- A Florida professional or occupational license
- Florida incorporation
- Documents evidencing family ties in Florida
- Proof of membership in Florida-based charitable or professional organizations
- Any other documentation that supports the student's request for resident status

##### **Examples of "other" documentation:**

- Utility bills and proof of 12 consecutive months of payments
- Lease agreement and proof of 12 consecutive months of payments
- State or court documents evidencing legal ties to Florida

##### **Unacceptable Documents (may not be used)**

- Hunting/fishing licenses
- Library cards
- Shopping club/rental cards
- Birth certificate
- Passport

# First Coast Technical College Financial Aid Office

## **Student Contract for**

(Please print your name.)

Students receiving tuition assistance must adhere to the FCTC Financial Aid Policies & Conditions set forth below. This student contract defines our expectations as well as the guiding practices that govern administration of tuition assistance at FCTC. Failure to comply with this contract will void your financial aid award.

### **As a student receiving financial aid, I understand and agree that:**

- It is my responsibility to maintain my grades, progress and attendance to ensure my tuition assistance is not jeopardized. I must maintain satisfactory academic progress each quinmester to earn my grant funds. Satisfactory academic progress entails meeting minimum attendance requirements, receiving a positive academic and progress grade.
- I am aware that my attendance and grades will be monitored every quinmester. I know that my attendance directly affects whether or not I earn my grant disbursement each quinmester.
- If I fail to meet minimum attendance requirements, I will be required to repay the tuition that was deferred for my current session before being allowed to enroll for the next quinmester.
- If I fail to achieve satisfactory academic progress, I will automatically be placed on probation the first quinmester this occurs. If a second violation occurs, I will be automatically terminated.
- If I am terminated from financial aid, any tuition previously deferred is due immediately. I must pay all outstanding fees before being allowed to re-enroll in class. I would also have to pay my own tuition for one quinmester and achieve satisfactory academic progress for that period before applying for reinstatement.
- Financial aid awards are not renewed automatically each quinmester. I must be prepared to pay my own tuition if there is a shortfall in grant funds and/or I do not meet the requirements to earn my tuition assistance.
- I am required to voluntarily disclose to FCTC if I am in default on a student loan or received a grant overpayment. I further understand that my tuition assistance will be revoked if FCTC receives notification of such.

**Program:**

Student's signature

Date

**Student Contract**

# First Coast Technical College Financial Aid Office

## TITLE IV AGREEMENTS

**WARNING:** To receive any Title IV financial aid, you must complete the Statement of Educational Purpose, Certification Statement on Refunds and Default, and the Federal Anti-Drug Act Certification. Also, you must be registered with the Selective Service (unless you fit one of the outlined exceptions). If you purposely give false or misleading information on this form, you may be subject to a fine of up to \$10,000.00, imprisonment for up to five years, or both. (20 U.S.C., 1901 and 50 U.S.C. App 462)

## STATEMENT OF EDUCATION PURPOSE

I will use all tuition assistance and Title IV money received only for expenses related to my study at FCTC.

## CERTIFICATION STATEMENT ON REFUNDS AND DEFAULTS

I certify that I do not owe a refund on any student grant or loan, am not in default on any loan (or have made satisfactory arrangements to repay any defaulted loan & have been in successful repayment for a period of at least six months), and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

## FEDERAL ANTI-DRUG ACT CERTIFICATION

I certify that, as a condition of my Pell Grant and other Title IV Federal Aid, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by my Pell Grant or any other Federal or State Aid.

## SELECTIVE SERVICE REGISTRATION

- I certify that I am registered with the Selective Service.
- I certify that I am not registered with the Selective Service because:
  - I am a female.
  - I am in the Armed Services on active duty. (Does not apply to members of the reserves and National Guard who are not on active duty.)
  - I have not reached my 18<sup>th</sup> birthday.
  - I was born before 1960.
  - I am a resident of the Federal States of Micronesia, or the Marshall Islands, or the Trust Territory of the Pacific Islands (Palau).

*\* Please note that if you are male and do not register for Selective Service, you are not eligible to receive Title IV aid. The above outlined reasons are the only exceptions for not registering.*

## AUTHORIZATIONS TO FCTC

- I authorize FCTC Financial Aid to release any information pertinent to my aid.
- I authorize FCTC to deduct any and all educational expenses incurred at FCTC from my Pell Grant award and any other financial aid sources of disbursement.

Student Signature

Date

**Certification Statement**