

## SAMPSON COMMUNITY COLLEGE P.O. Box 318

Clinton, NC 28329

Office of Financial Aid finaid@sampsoncc.edu 910.900.4320

# 2024-2025 Verification of 2022 Income Non-Tax Filer Student Form

Your financial aid application was selected for review in a process called "Verification." Verification is mandated by the U.S. Department of Education and requires schools to gather additional documentation to check the accuracy of information submitted on the FAFSA. <u>Please complete and return or mail the</u> <u>following information within 10 business days.</u>

#### **STUDENT INFORMATION (Please Print)**

Last Name Mailing Address	First Name		M.I.	SCC ID Number
	City	State	Zip Code	Date of Birth

**IMPORTANT NOTE:** The instructions below apply to the student.

### Check all that apply:

- Student was employed in 2022 and have listed below the names of all employers, the amount earned from each employer in 2022, and whether an IRS W-2 form or an equivalent document is provided. List every employer even if the employer did not issue an IRS W-2 form.
- $\circ$  Student was not employed and has no income earned from work in 2022.

# Provide Copies of all 2022 IRS W-2 forms issues to the student by their employers. If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer's Name	Amount Earned in 2022	IRS W-2 Provided? Yes
Example: Lily Dale's Gift Shop (indicate student or spouse)	\$2000.00 (example)	

(Complete | Sign Back of Form)



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#### Certification and Signature:

If you are the student, by signing this application you certify that you:

- 1. Will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
- 2. Are not in default ton a federal student loan or have made satisfactory arrangements to repay it,
- 3. Do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- 4. Will notify your college if you default on a federal student loan and,
- 5. Will not received a Federal Pell Grant for more than one college for the same period.

If you are the parent (of a dependent student), by signing this application you certify that all of the information the student provided is true and complete to the best of your knowledge and you agree.

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, OR SENTENCED TO JAIL OR BOTH.

Student Signature

Date

Parent Signature (Dependent Student Only)

Date