CHRIST ABOVE ALL
BRYAN COLLEGE

2026-2027 Income Verification

STUDENT INFORMATION

Last Name: _____ First Name: _____ MI: _____

Social Security #: ***-**- _____ Date of Birth: _____ / _____ / _____

INSTRUCTIONS

1. Please complete all items on this form. Write "N/A" for items that do not apply.
2. Use black or blue ink only. Please print clearly.
3. Include parent's signature for dependent students.
4. Include spouse's information if you were married when you filed the FAFSA.
5. Include the name of the college that household members **(excluding parents)** will be attending if they plan to attend at least half-time between July 1, 2026 and June 30, 2027, and enroll in a program that leads to a college degree, diploma, or certificate.
6. **Return this form to:** Financial Aid Office, 721 Bryan Drive, Dayton, TN 37321 – email finaid@bryan.edu.

FAMILY INFORMATION

List **all** people as part of your household only if they now **live with you** (if independent) or your **parents** (if dependent) AND you or your parents provide **more than half** of their support AND will continue to provide more than half of their support from July 1, 2026 through June 30, 2027. Attach a separate sheet if necessary.

Full Name	Age	Relationship
		Self

TAX RETURN TRANSCRIPT

To request an official 2024 Tax Return Transcript from the IRS, you may **call** 1.800.908.9946 or **print** a transcript online at www.irs.gov.

Student

❑ Check here if you are completing the IRS data match on www.FAFSA.gov.

❑ Check here if you are attaching a copy of your IRS Tax Return Transcript or **signed 1040 with all schedules.**

❑ Check here if you did not file, will not, and are not required to file a 2024 U.S. Income Tax Return. Attach copies of a 2024 W-2 from each employer. Please attach your Verification of Non-filing status from the IRS for 2024.

Parent (Dependent Students Only)

❑ Check here if you are completing the IRS data match on www.FAFSA.gov.

❑ Check here if you are attaching a copy of your IRS Tax Return Transcript or **signed 1040 with all schedules**.

❑ Check here if you did not file, will not, and are not required to file a 2024 U.S. Income Tax Return. Attach copies of a 2024 W-2 from each employer. Please attach your Verification of Non-filing status from the IRS for 2024.

CHILD SUPPORT PAID

If you (or your parent(s) if dependent) paid child support in 2024 please complete the following information:

Child Support Recipient: _____ Name of Child(ren): _____

2024 Amount Paid: _____ Signature of Person Paying Support: _____

FOOD STAMPS (SNAP)

I certify that a member of the student's household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2023 or 2024. ☐ Yes ☐ No

CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all the information is true and correct to the best of my knowledge and belief. I understand that purposely providing false or misleading information on this form may result in repayment of aid, fines and /or imprisonment in this and/or future years.

_____ _____ _____ _____

Student Signature **Date** **Parent Signature (Dependent Students)** **Date**