

For Adm	ninistrative Use Only
Type Government Issued ID:	
Government Issued ID #	
Name of High School	
Graduation Date	

## 2019-2020

The U.S. Dept. of Education selected your application for review in a process called "Verification." In this process, we are required by law to compare the information from your application with the information provided on this form and all requested financial documentation. Corrections may be deemed necessary. We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.

Selected For	Verification	on Tracking Flag	Verification Tracking Group	Fill out Section
		V1	Standard Verification	A, B, C, D, F, & G
		V4	Custom Verification Group	A, D, E, F & G
		V5	Aggregate Verification Group	A, B, C, D, E, F & G
A. Student Information			'	
			XXX - XX -	
Last Name	First Name		Social Security Number	CUNY FIRST ID #
Address (include apt. #)		City	State	Zip Code
Date of Birth	En	nail Address	Phone	Number (Include Area Code)
3. Family Information				
<ul> <li>Dependent Student:</li> <li>Yourself, even if you don'</li> <li>Your parents</li> <li>Your parents' other childle your parents) if your parents of their support between</li> <li>Other people if they now parents provide more the parents will continue to parents will continue to parents between July 1, 2</li> </ul>	ren (even if thents will provi July 1, 2019 live with you in half of thei provide more	ney do not live with de more than half and June 30, 2020, r parents, your r support and your than half of their	support between July 1, they do not live with yo • Other people if they now than half of their suppo	provide more than half of their , 2019 and June 30, 2020, even if u, and v live with you, you provide more rt and you will continue to of their support between July 1,
Full Name	Age	Relationship	Name of attending College	in Will be Enrolled at least hal

Full Name	Age	Relationship	Name of attending College in 2019-2020	Will be Enrolled at least half time for 2019-2020
		Myself	Kingsborough Community College	Yes
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

11 2017 (711	Did not have any income	Did not File for 2017 (/ Verificati Non-Fil	Taxes Attach on of	Filed Ta but did Data Re	axes for 2017, d not use IRS trieval (Attach urn Transcript)	Used IRS Data	Name of Em	nployer	Wages
Student									
Spouse									
Parent #1									
Parent #2	2 □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
	r 2018 did anyo othing was rec	-	househ	old recei	ive any of the	e following? (If	you do not ch	neck any bo	exes, we
75/97	SSI/Medicaid	<b>,</b>			79/101	WIC			
76/98	SNAP(Food St	amp)	I		84	Parent(s) Dis	slocated Work	er	
77/99	Free/Reduced	Lunch			102	Student Disl	ocated Worke	er	
78/100	TANF		I			Did not rece	eive any		
tatemen ducatior ear.	nat I, t of Educationa nal purposes to Signature:	pay the cos	ind that at of atte	the fede ending Ki	ral student fi ingsborough (	Community Co	nce I may rece llege (CUNY) fo	ive will only or the 2019	y be used for
tatemen ducation ear. tudent's	t of Educationa nal purposes to Signature:	pay the cos	and that	the fede ending Ki	ral student fi	nancial assistar Community Col _ Date:	nce I may rece llege (CUNY) fo	ive will only or the 2019	y be used for
tatemen education ear. tudent's	t of Educationa nal purposes to Signature:	pay the cos	and that	the fede ending Ki	ral student fi	nancial assistar Community Col _ Date:	nce I may rece llege (CUNY) fo	ive will only or the 2019	y be used for
education rear. Student's	t of Educationa nal purposes to Signature:	J & Paid ed   t Who	and that	the fede ending Ki	ral student fi	nancial assistar Community Col  _ Date:  port  or Whom	nce I may rece	ive will only or the 2019	y be used for -2020 award Child
tatemen ducation ear. tudent's . Child Su	t of Educationa nal purposes to Signature:	J & Paid ed   t Who	Did not	the fede ending Ki	any Child Supp	nancial assistar Community Col  Date:  Dort  or Whom eceived	nce I may rece	ive will only or the 2019	y be used for -2020 award Child
education vear. Student's Child Su	t of Educationa hal purposes to Signature: upport Received Support Received Name of Adult Received the S	# & Paid  t Who Support	Did not	the fede ending Ki	any Child Support Whom	nancial assistar Community Col  Date:  Dort  or Whom eceived	Supp	Amount of Amo	y be used for -2020 award Child

Parent's Signature

Date

Student's Signature

Date