

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

2020-2021 Verification Worksheet

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.

Last Name First Name EMPLID # Address (include apt. #) City State Zip Code Date of Birth First Name Email Address Phone Number (Include Area Code) Family Information Dependent Student: Your parents Your parents Your parents' other children (even if they do not live with your parents) if your parents will provide more than half of their support between July 1, 2020 and June 30, 2021, Other people if they now live with your parents, your First Name EMPLID # Independent Student Yourself (and your spouse), Your children, if you will provide more than half of their support between July 1, 2020 and June 30, 2021, even if they do not live with you, and Other people if they now live with you, you provide more than half of their support and you will continue to provide the provided in the p	Selected For	Verification Tracking Flag	Verification Tracking Group	Fill out Section		
As Student Information Last Name First Name EMPLID # Address (include apt. #) City State Zip Code Date of Birth Email Address Phone Number (Include Area Code) Family Information Dependent Student: Your parents Your parents Your parents Your parents will provide more than half of their support between July 1, 2020 and June 30, 2021, even if they now live with your parents provide more than half of their support and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021, even if they now live with your parents will continue to provide more than half of their support and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021 Other people if they now live with your parents, your parents provide more than half of their support and you will continue to provide more than half of their support between July 1, 2020 and June 30, 2021		V1	Standard Verification	A, B, C, D, F, & G		
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Full Name	Age	Relationship	Name of attending College in 2020-2021	Will be Enrolled at least half time for 2020-2021	
		Myself	Kingsborough Community College	Yes	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

	le and are r							oyer(s) and any	y income received
	Did not have any income	Did not File Ta for 2018 (Atta Verification o Non-Filer)	ach but did n		2018, use ieval	Used IRS Data retrieval	ne box. Name of I	Employer	Wages
Student									
Spouse									
Parent #1									
Parent #2									
D. Additional I	nformatio	n							
In 2018 or 201	-	one in your ho	usehold rece	eive any	of the	following? (If	you do not	check any bo	oxes, we assum
SSI/Medicaid	1				WIC				
SNAP(Food S	stamp)				Parent	(s) Dislocated	Worker		
Free/Reduce	d Lunch				Studen	t Dislocated \	Vorker		
TANF					Did no	t receive any			
E. Statement of	of Education	nal Purpose		<u> </u>		•			
		al Purpose and	that the fed	eral stuc	dent fin		nce I may re	ceive will onl	y be used for
educational pu year. Student's Sign	Education urposes to	pay the cost o	that the fed f attending k	eral stud (ingsbor	dent fin rough C	ancial assista ommunity Co	nce I may re llege (CUNY)	ceive will onl) for the 2020	y be used for
educational pu year.	Education urposes to	pay the cost o	that the fed f attending k	eral stud (ingsbor	dent fin rough C	ancial assista ommunity Co	nce I may re llege (CUNY)	ceive will onl) for the 2020	y be used for
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educational puyear. Student's Sign F. Child Suppo Child Supp Nan	Education urposes to ature:	d & Paid ved	that the fed f attending k	eral stuc	dent fin rough Co e any Ch	ancial assistal ommunity Co Date: ild Support Whom	nce I may re Ilege (CUNY)	ceive will onl) for the 2020	y be used for 0-2021 award Child
educational puyear. Student's Sign F. Child Suppo Child Supp Nan	Education urposes to lature: Int Receive loort Receive later in the later in	d & Paid ved	that the fed f attending k	eral stuc (ingsborn receive	dent fin rough Co e any Ch	ancial assistal ommunity Co Date: ild Support Whom	nce I may re Ilege (CUNY)	ceive will onl) for the 2020 Amount of 0	y be used for 0-2021 award Child
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educational puyear. Student's Sign F. Child Suppo Child Supp Nam Rece	Education urposes to ature:	d & Paid ved	Did not Did not Did not Did not	receive me of Chapport W	e any Ch hild For Vas Rec	ancial assistal ommunity Co Date: ild Support Whom eived	nce I may re Ilege (CUNY)	Amount of Opport Receive	y be used for 0-2021 award Child

G. Certification

If you are the parent or the student, by signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student's Signature	Date	Spouse's / Parent's Signature	Date