

2016–2017 Standard Verification Worksheet

V1-Independent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". The Financial Aid Office at your college must compare information from your FAFSA with information you provide on this worksheet and with any other required documents. If there are differences, your Financial Aid Office may require additional documentation and your FAFSA information may need to be corrected. You will not receive federal financial aid until all verification requirements are met and the necessary corrections made.

What You Should Do

- 1. If you (or your spouse, if you are married) are tax filers, obtain a 2015 IRS Tax Return Transcript for yourself and/or your spouse. The Financial Aid Office cannot accept preparer's copies of the required tax documents. You may request an IRS Tax Return Transcript online at www.irs.gov/Individuals/Get-Transcript or by phone at 1-800-908-9946. Make sure you select an IRS Tax Return Transcript and NOT the IRS Tax Account Transcript. Important Note: If you used the IRS Data Retrieval Tool to transfer your IRS income data into your FAFSA, you may not have to submit the IRS Tax Return Transcript.
- 2. Complete all sections of this worksheet you must sign the certification (Section E) on page 3 of the worksheet.
- 3. Submit the completed worksheet, tax return transcript(s) and any other required documents to the Financial Aid Office at your college.

A. Student's Information

Student's Last Name	First Name	M.I.	Student's Social Security Number	
Student's Street Address (i	nclude apt. no.)		Student's CUNYfirst ID / Empl ID	
City, State, Zip Code			Student's Date of Birth	
Student's Phone Number (i	nclude area code)		Student's Email Address	

B. Student's Household Information

List the people you will support between July 1, 2016 and June 30, 2017. Include:

- Yourself and your spouse (if you are married)
- Your other children if you (or your spouse) provide more than half of their support, even if they don't live with you.
- Other people if they now live with you and you now provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Write the name of the college below for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2016 and June 30, 2017.

If more space is needed, attach a separate page with student's name and the last 4 digits of student's SSN at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Example: Jane Smith	18	Sister	State University	Yes
		Self		

Student Name:		Student SSN: XXX-XX		
	cial Aid Office at your coll		ad a change in marital status after ırn.	
Check the appropriate box	x (or boxes):			
		n-the-Web to transfer 2015 IR FAFSA will be used to comple	RS income tax information into the ete the verification process.]	
Tool. I/we have attac you filed a joint tax re	ched a copy of my/our 20	015 IRS Tax Return Transci marital status on the FAFSA a	FSA using the IRS Data Retrieval ript to this worksheet. [Note: if as separated, divorced or widowed,	
I/we have not filed (a earned from work in 2		e) a 2015 federal income tax	return and I/we had no income	
from work in 2015 as	listed below. [List every	employer and the amounts ea	return but I/we had income earned arned in 2015, even if they did not e issued to you by employers.]	
If more space is needed, Employer's Nar		student's name and the last 4 di 015 Amount Earned	its of student's SSN at the top. 2015 IRS Form W2 Attached?	
Example: ABC Com	npany	\$1367.75	Yes	
Supplemental Nutrition the 2014 or 2015 calend One of the persons	ne of the persons listed in on Assistance Program dar years. listed in Section B of this	•	s food stamps) any time during nefits in 2014 or 2015. If asked by	
I/we paid child support was paid child support. [<i>L</i>	port in 2015 and have list aid. If asked by my colle	ge, I/we will provide addition ort paid for children listed on y	mation for each child to whom al documentation of the payment	
Name of Person who Paid Child Support Child Support Space is needed, attach a separate page of Name of Person to Child Support was		hom Name and Age of C	hild for Amount of Child	
Example: Mary Smith	John Smith	Joseph Smith Age 1		

Student Name:	Student SSN: XXX-XX

E. Certification and Signatures

I/we certify that all of the information reported on this worksheet is complete and correct. I/we understand that if we purposely give false or misleading information, I/we could be fined, jailed, or both. [If student is married, the spouse's signature is optional.]

Student Signature	Date	
Spouse Signature	Date	

Do not mail this worksheet to the U.S. Department of Education.

Submit this worksheet to the Financial Aid Office at your college.

You should make a copy of this worksheet and all submitted documents for your records.