

2016–2017 Aggregate Verification Worksheet

V5-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 FAFSA information may need to be corrected and your Financial Aid Office could require additional documentation. 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 2015 IRS Tax Return Transcripts 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.
- Complete pages 1-3 (Sections A-E) of this worksheet you must sign the certification (SECTION E) on page 3 of the worksheet. Collect the documents required for Section F on page 4 but do NOT complete that page in advance.
- 3. Submit the completed worksheet, tax return transcript(s) and any other required documents to the Financial Aid Office at your college. You will complete Section F in person at that time.

A. Student's Information

Student's Last Name	First Name	M.I.	Student's Social Security Number	
Student's Street Address (in	nclude apt. no.)		Student's CUNYfirst ID / Empl ID	
City, State, Zip Code			Student's Date of Birth	
Student's Phone Number (i	oclude area code)		Student's Email Address	
Student's Phone Number (in	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 a 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:	Si	tudent SSN: XXX-XX-		
C. Student/Spouse's Income Inform NOTE: Notify the Financial Aid Office a December 31, 2015 or filed (or	at your college i	if you and your spouse had		inge in marital status aftei
Check the appropriate box (or boxes):				
I used the IRS Data Retrieval Tool in FAFSA. [The income tax information				
I did not (or could not) transfer my/ Tool. I/we have attached a copy of you filed a joint tax return, but repo you must include copies of all IRS Fo	my/our 2015 l orted your marit	I <mark>RS Tax Return Transcri</mark> tal status on the FAFSA as	pt to t	his worksheet. [Note: if
I/we have not filed (and are not req earned from work in 2015.	uired to file) a	2015 federal income tax re	eturn a	and I/we had no income
I/we have not filed (and are not req from work in 2015 as listed below. [issue an IRS Form W-2. Attach coping.]	List every emp	loyer and the amounts ear	rned in	2015, even if they did no
If more space is needed, attach a separate Employer's Name		ent's name and the last 4 dig Amount Earned		udent's SSN at the top. 2015 IRS Form W2 Attached?
Example: ABC Company		\$1367.75		Yes
 Other Information to Be Verified Complete this item if one of the person Supplemental Nutrition Assistance the 2014 or 2015 calendar years. One of the persons listed in Section my college, I will provide document Complete this item if you (or your spool I/we paid child support in 2015 and 	ns listed in Sec e Program or Second B of this work intation of the recouse, if married	SNAP (formerly known as ksheet received SNAP beneceipt of SNAP benefits due paid and child support in 2	food si efits in ring 20 015.	tamps) any time during 2014 or 2015. If asked b 014 and/or 2015.
child support was paid. If asked be of child support. [Do not include a household size or listed in Section	by my college, I child support pa a B of this works	I/we will provide additiona aid for children listed on yo sheet.]	l docur our FAI	mentation of the payment FSA as part of your
If more space is needed, attach a separ Name of Person who Name of Person		Name and Age of Chile		Amount of Child
Paid Child Support Child Suppo		whom Support was P	aid	Support Paid in 2015
Example: Mary Smith John :	Smith	Joseph Smith Age 10 y	rears	\$5000
			Ī	

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.

You must complete Section F on page 4 of this worksheet IN PERSON at the Financial Aid Office at your college.

tudent Name:	Student SSN: XX	xx-xx
. Identity Verification and Statement of Edu	ucational Purpose	
Do not complete this page in advance. You lid Office at your college.	u must complete and sign t	his page IN PERSON at the Financia
ou have been selected by the U.S. Departmer ppear in person at the Financial Aid Office at ydentification to a financial aid representative. Which will be maintained in your student file.	your college and present a pie	ece of valid government-issued
tatement of Educational Purpose		
certify that I,		
(Print Name)		
m the individual signing this Statement of Edu	ucational Purpose and that the	e federal student financial assistance I
nay receive will only be used for educational p	ourposes and to pay the cost o	of attending
		for 2016-2017
lame of CUNY Institution Attending)		101 2010 2017.
udent's Signature:		_ Date:
10/3-10/3-10/	SF ONLY- DO NOT WRITE B	RELOW/
	SE ONLY- DO NOT WRITE B	RELOW/
. Proof of Identity he above-named student has presented valid	government-issued photo ide	
Proof of Identity ne above-named student has presented valid	government-issued photo ide	
. Proof of Identity ne above-named student has presented valid cense, non-driver's license or passport which	government-issued photo ide verifies his or her identity.	entification such as a state driver's
. Proof of Identity he above-named student has presented valid cense, non-driver's license or passport which FA Certifying Officer's Signature	government-issued photo ide verifies his or her identity. Date Received	entification such as a state driver's
. Proof of Identity he above-named student has presented valid cense, non-driver's license or passport which FA Certifying Officer's Signature . Completion of High School or the Equiv	government-issued photo ide verifies his or her identity. Date Received	entification such as a state driver's Type of Valid ID Collected
Proof of Identity ne above-named student has presented valid sense, non-driver's license or passport which FA Certifying Officer's Signature Completion of High School or the Equivalent above-named student has submitted a final propriate CUNY office that shows evidence or	government-issued photo ide verifies his or her identity. Date Received valent al high school transcript or oth graduation from an accredite	Type of Valid ID Collected Terracceptable documentation to the ed high school or educational institution
Proof of Identity ne above-named student has presented valid sense, non-driver's license or passport which FA Certifying Officer's Signature Completion of High School or the Equivalent above-named student has submitted a final propriate CUNY office that shows evidence or	government-issued photo ide verifies his or her identity. Date Received valent al high school transcript or oth f graduation from an accredite ED), or evidence of home school	Type of Valid ID Collected Terracceptable documentation to the ed high school or educational institution
. Proof of Identity he above-named student has presented valid cense, non-driver's license or passport which FA Certifying Officer's Signature . Completion of High School or the Equivalence above-named student has submitted a final propriate CUNY office that shows evidence of cate-issued general education equivalency (GR	government-issued photo ide verifies his or her identity. Date Received valent al high school transcript or oth f graduation from an accredite ED), or evidence of home school	Type of Valid ID Collected Type of Valid ID Collected ner acceptable documentation to the ed high school or educational institution poling.
. Proof of Identity he above-named student has presented valid cense, non-driver's license or passport which FA Certifying Officer's Signature Completion of High School or the Equivalence of the above-named student has submitted a final ppropriate CUNY office that shows evidence of tate-issued general education equivalency (GR	government-issued photo ide verifies his or her identity. Date Received valent al high school transcript or oth f graduation from an accredite ED), or evidence of home school	Type of Valid ID Collected Type of Valid ID Collected ner acceptable documentation to the ed high school or educational institution poling.