

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

2021-2022 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.

Selected For	Verification Tracking Flag	Verification Tracking Group	Fill out Section	
	V1	Standard Verification	A, B, C, D, F, & G A, E, & G	
	V4	Custom Verification Group		
	V5	Aggregate Verification Group	A, B, C, D, E, & G	
Student Information				
ast Name First Name		Name	CUNY FIRST ID #	
address (include apt. #)	City	State	Zip Code	
Pate of Birth Family Information	Email Address	Phone Number (Include Area Code)		
Dependent Student: • Yourself, even if you don't live with 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, 2021 and June 30, 2022, • Other people if they now live with your parents, your parents provide more than half of their support and your parents will continue to provide more than half of their support between July 1, 2021 and June 30, 2022.		 Independent Student Yourself (and your spouse), Your children, if you will provide more than half of their support between July 1, 2021 and June 30, 2022, 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 more than half of their support between July 1, 2021 and June 30, 2022 		

Full Name	Age	Relationship	Name of attending College in 2021-2022	Will be Enrolled at least half time for 2021-2022	
		Myself	Kingsborough Community College	Yes	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

•		not required to file			•		oyer(s) and any	/ income received
In 2019 (Attac	Did not have any income	Did not File Tax for 2019 (Attac Verification o Non-Filer)	es Filed Ta th but of f IRS Da	arned income). Property of the comment of the comme	I not use Used IRS Data Retrieval		Employer	er Wages
Student								
Spouse								
Parent #1								
Parent #2								
D. Additiona	l Informatio	n	1					
In 2019 or 2	020 did anv	one in your hou	sehold recei	ive any of the	following? (If	vou do not	check any bo	es. we assume
nothing was	•			or unit		, 0	oncon any se	mes, the assum
SSI/Medica	nid			WIC	WIC .			
SNAP(Food	l Stamp)			Paren	t(s) Dislocated	Worker		
Free/Redu	ced Lunch				Student Dislocated Worker			
TANF					Did not receive any			
E. Statemen	t of Education	onal Purpose		- -	,			
educational year.	f Education purposes to	al Purpose and to pay the cost of	hat the fede attending Ki	ral student fir ngsborough (Community Co	nce I may re llege (CUNY)	ceive will only for the 2021	y be used for
F. Child Supp	oort Receive	d & Paid						
Child Su	pport Receiv	red	☐ Did not	receive any Ch	nild Support			
Name of Adult Who Received the Support			Name of Child For Whom Support Was Received			Amount of Child Support Received in 2019		
Child Su	pport Paid		☐ Did not	pay any Child	Support			
	ne of Person Who Name of Person to Whom Name Of Child Support was Paid		Name of C	ame of Child for Whom Support was Paid		Amount of Child Support Paid in 2019		
		i e						

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	Parent's Signature	Date