



2015-2016 Verification Work-Sheet (V3)

Your application was selected by the U.S. Department of Education for review in a process called "Verification". The Office of Financial Aid must compare your FAFSA with the information you provide on this worksheet and other financial documents. If there are differences between your application information and the documents you submit, your application may need to be corrected. **The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan request until all verification requirements have been met and the necessary corrections have been made.**

Next Steps

1. Complete all sections and sign this worksheet.
2. Return the completed worksheet and all requested documents to the Office of Financial Aid: Fax: 718-405-3490 PDF, Email: financial.aid@moutnsaintvincent.edu
 Mail: College of Mount Saint Vincent, Office of Financial Aid, 6301 Riverdale Ave, Riverdale NY 10471

A. Student Information (Please Print)

_____	_____	_____	_____
Last name	First name	M.I.	Social Security Number or CMSV ID #
_____			_____
Address (include apt. #)			Date of Birth (mm/dd/yyyy)
_____	_____	_____	_____
City	State	Zip Code	Phone # (include area code)

B. Child Support (Please Print)

During 2014 was child support paid by any member of the household as reported on the FAFSA? ___ No ___ Yes*

*If yes:
 Name of household member who paid support: _____

Amount of Child support paid in 2014: \$ _____

Name of person to whom child support was paid in 2014: _____

Name of Child(ren) for whom child support was paid in 2014: ** _____

**Child(ren) listed should not be included in the FAFSA for number in the household.

C. Certification

By signing this worksheet, I [we] certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

_____	_____
Student Signature	Date
_____	_____
Parent Signature (dependent student) or Spouse Signature	Date

Office Use Only	
Verification completed by: _____	_____
Authorized Signature	Date