



## 2015-2016 Verification Work-Sheet (V4)

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](mailto: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. SNAP Benefits

Did anyone in the household (as reported on the FAFSA) receive SNAP benefits during 2014 or 2015? \_\_\_ No \_\_\_ Yes\*

\*If yes, please provide a copy of the 2012 and/or 2013 SNAP award letter. Write the student name and CMSV on each page.

## D. High School Completion

Provide **ONE** of the following documents that indicate the student's high school completion status:

- A copy of the **official high school transcript**. Must have the graduation date.
- A copy of the student's **GED certificate** or **GED transcript**.
- If home schooled, provide a **copy of the credential** if state law requires a home schooled student to obtain a secondary school completion other than a high school diploma or recognized equivalent.
- If home schooled and the state law does not require a home schooled student to obtain a secondary school completion credential. Provide a transcript or the equivalent signed by the students' parent or guardian that lists the secondary school courses the student completed and the documents the successful completion of a secondary school education in a homeschool setting.*

## E. Identity & Statement of Educational Purpose

Students have to provide proof of his/her Identity by presenting a valid government-issued photo identification (ID) such as, but not limited to, a driver's license, other state-issued ID, or passport. You may choose option **A or B**.

**A.** You may provide the proof by bringing the original document to the Office of Financial Aid.

or

**B.** You may provide a copy of the valid government-issued photo identification that is acknowledged with the notary statement below.

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On (date), \_\_\_\_\_, before me (notary name), \_\_\_\_\_

personally appeared (student name) \_\_\_\_\_, and provided to me on the basis of

satisfactory evidence of identification (type of ID) \_\_\_\_\_ to the above-named person who signed the foregoing instrument.

WITNESS my hand and official \_\_\_\_\_ Notary Signature \_\_\_\_\_

Seal

### Statement of Educational Purpose

The student must sign, in the presence of the institutional official, the following:

I certify that I \_\_\_\_\_ am the individual signing this Statement of Student's Name [print] Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending College of Mount Saint Vincent for 2014-2015.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## D. 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 \_\_\_\_\_