



2016-2017 Verification Work-Sheet (V1)

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 the IRS Data retrieval through FAFSA on the Web. (Visit our website www.mountsaintvincent.edu/verification for more information). If you cannot use the IRS Data Retrieval Tool, you may order a **TAX RETURN TRANSCRIPT** from the Internal Revenue Service online at www.irs.gov/transcript or by phone at 1-800-908-9946. Obtain a **2015 Federal IRS Tax Return Transcript and W-2 forms** for yourself, your spouse (if married) or your parents/step-parent (if dependent).
2. Complete all sections and sign this worksheet.
3. 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. Family Information (Please Print)

Check the appropriate boxes below and provide the requested information and documents:

- Independent Students:** List the people that you (and your spouse) will support between July 1, 2016 and June 30, 2017. Include yourself, your spouse, and your dependent children. Include other people only if they now live with you and you provide more than half their support and will continue to provide more than half their support from July 1, 2016 – June 30, 2017.
- Dependent Students:** List all the people in your household between July 1, 2016 and June 30, 2017. Include yourself, your parents, and your parents' other children if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid. Include other people only if they now live with your parents and receive, and will continue to receive, more than half their support from them between July 1, 2016 and June 30, 2017.

TURN PAGE: Write the names of all family members including **your-self**. Also write the name of the college for any family member who will be attending college at least half-time between July 1, 2016 and June 30, 2017 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page. (Parents of dependent students are not included).

TURN PAGE

Attach Additional Sheets if necessary. Last Name, First Name, Middle Initial	Age	Relationship	College
		Self	College of Mount Saint Vincent

During 2015 was child support paid by any member of the household listed above? ____ No ____ Yes*

If yes:

Name of household member who paid support: _____ Amount of Child support paid in 2015: \$ _____

Name of person to whom child support was paid in 2015: _____

Name of Child(ren) for whom child support was paid in 2015: ** _____

Signature of member who paid child support: _____

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

C. Tax Forms & Income Information (Please Print)

All tax filers must submit a copy of their 2015 federal tax return transcript from the IRS and copy of all W-2s.

1. Please check here if you and/or your parent(s) **successfully used the IRS Data Retrieval Tool Process.**

2. Check the box below for those people who did not and are not required to file a 2015 federal income tax return.

If employed list employer and amount earned. All W2's must be submitted.

Self

Spouse

Parent 1(father (step))

Parent 2(mother (step))

Name of Employer	Student Amount	Parent Amount

3. Did anyone in the household receive **SNAP** benefits during 2015-2016? Yes No

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: _____	Date: _____ EFC: _____
Authorized Signature	
IRS Data Retrieval confirmed on Transaction # _____	ISIR processed date: _____