



2016-2017 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 2015 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 2015: \$ _____

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

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

**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