COLLEGE OF
MOUNT SAINT VINCENT
OFFICE OF FINANCIAL AID

2016-2017 Verification Work-Sheet (V6)

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, 2015 and June 30, 2016. 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, 2015 and June 30, 2016. 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).

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 Attach Additional Sheets if Necessary	**Student Amount**	**Parent Amount**

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

Student	**Calendar Year 2015**	**Parent**
	Payments to tax-deferred pensions and savings plans [paid directly or withheld from earnings] including, but not limited to, amounts reported on W-2 Form Box 12a - 12d, codes D, E, F, G, H, and S.	
	IRA deductions and payments to self-employed SEP, SIMPLE, and Keogh and other qualified plans from IRS Form 1040 – line 28 + line 32 or 1040A – line 17.	
	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b	
	Untaxed portions of IRA distributions from IRS Form 1040 – lines [15a minus 15b] or 1040A – lines [12a minus 12b]. Exclude rollovers. If negative, enter a zero here.	
	Untaxed portions of pensions from IRS Form 1040 – lines [16a minus 16b] or 1040A – lines [12a minus 12b]. Exclude rollovers. If negative, enter a zero here.	
	Veterans non-education benefits	
	Money received or paid on your behalf (i.e. bills) not reported elsewhere on this form.	

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:_____