

2018-2019 Verification Worksheet (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)

Lastname	First Name	M.I.	Social Security Number or CMSV ID #
Address (include a	apt. #)		Date of Birth (mm/dd/yyyy)
City	State	Zip Code	Phone # (include area code)
During 2016 was o			hold as reported on the FAFSA?NoYes*
Amount of Child su	upportpaid in 2016:\$		
Name of person to	whom child support was pa	aid in 2016:	
Name of Child(ren **Child(ren) listed sh	n) for whom child support wa lould not be included in the FAF	as paid in 2016: **_ SA for number in the	household.
C. Certification	n		
	nust sign. Warning: If you p		ported on this worksheet is complete and correct. If dependent, at e or misleading information on this worksheet, you may be fined,
Student Signature	e		Date
Parent Signature	(dependent student) or Sp	pouse Signature	Date
Verification co	ompleted by:		ce Use Only
	Authorized		Date