

# COLLEGE OF MOUNT SAINT VINCENT

## 2018-2019 Verification Worksheet (V5)

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)

|                                   |                     |                   |                                      |
|-----------------------------------|---------------------|-------------------|--------------------------------------|
| _____<br>Last name                | _____<br>First name | _____<br>M.I.     | _____<br>CMSV ID #                   |
| _____<br>Address (include apt. #) |                     |                   | _____<br>Date of Birth (mm/dd/yyyy)  |
| _____<br>City                     | _____<br>State      | _____<br>Zip Code | _____<br>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, 2018 and June 30, 2019. 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, 2018 – June 30, 2019.

**Dependent Students:** List all the people in your household between July 1, 2018 and June 30, 2019. 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, 2018 and June 30, 2019.

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, 2018 and June 30, 2019 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.<br>Last Name, First Name, Middle Initial | Age | Relationship | College                        |
|---|-----|--------------|--------------------------------|
|   |     | Self         | College of Mount Saint Vincent |
|   |     |              |                                |
|   |     |              |                                |

During 2016 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 2016: \$ \_\_\_\_\_

Name of person to whom child support was paid in 2016: \_\_\_\_\_

Name of Child(ren) for whom child support was paid in 2016: \*\* \_\_\_\_\_

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)

1. All tax filers must submit a copy of their 2016 Federal Tax Return transcript or *successfully used the IRS Data Retrieval Tool Process.*

Attached copy of 2016 Tax return (circle one)? Yes / No

2. List people in the household who worked in 2016 but did not file a tax return.

| Name | Name of Employer | Income Amount | Attach Copy of W2 (Circle one) |
|------|------------------|---------------|--------------------------------|
|      |                  |               | Yes/ No                        |
|      |                  |               | Yes/ No                        |
|      |                  |               | Yes/ No                        |
|      |                  |               | Yes/ No                        |

Both tax filers and non-tax filers must list any untaxed income received in 2016. Be sure to enter zeroes if no funds were received. [In the Free Application for Federal Student Aid [FAFSA]: Students, see question 45, and/ or parents, see question 94.] Failure to complete this section will delay the processing of your financial aid.

| Student/Spouse | FAFSA Questions 45 and/or 94  | Parent(s)/ Step-Parent(s) |
|----------------|---|---------------------------|
| \$             | 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.                                    | \$                        |



|    |  |    |
|----|--|----|
| \$ | Child support received.  | \$ |
| \$ | Housing, food and other living allowances paid to members of the military, clergy and others (including cash payments and cash value of benefits). | \$ |

3. Did anyone in the household receive SNAP benefits during 2016-2017?                      Yes                      No

## 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 or diploma**. 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] 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 2016-2017.



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Student Signature

Date

## F. 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.**

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Student Signature

Date

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Parent Signature (Dependent student) or Spouse Signature

Date

**Office Use Only**

Verification Completed By: \_\_\_\_\_  
Authorized Signature Date