Mohawk Valley Community College
Office of Financial Aid
1101 Sherman Drive Utica, NY 13501
(315) 792-5415 Fax: (315) 731-5852
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2019-2020 Student Verification Worksheet Federal Student Aid Programs

Your 2019-2020 Free Application for Federal Aid (FAFSA) was selected for review in the process called Verification. The law requires that before awarding Federal Student Aid, our office must ask you and/or your family to confirm the information reported on the FAFSA, with the information you have provided on the completed institutional documents. You and/or your family must complete and sign this worksheet, attach any required documents and return this form along with all other required documents to the Office of Financial Aid. Please return all required documentation within 30 days from the date of the initial request. Financial aid will be placed on hold until the process is completed.

Student and Family Information

M#_____

_____ _____
Last Name First Name M.I. Social Security Number

_____ _____
Address (include apt. #) Date of birth

_____ _____
City State Zip Code Phone Number (include area code)

☐ **Independent Students**: List the people that you (and your spouse) will support between July 1, 2019 and June 30, 2020. Include yourself, your spouse, and your dependent children (if you provide more than half of their support).

☐ **Dependent Students**: List the people that your parents will support between July 1, 2019 and June 30, 2020. Include yourself, your parents, and your parents' dependent children (if your parents provide more than half their support, or if they would be required to give parental information when applying for Federal student aid).

B. Family Information

Write the name, age and relationship of household family members who will live in the household between July 1, 2019 and June 30, 2020. Include yourself, your spouse if married, your parents, if a dependent student and parental information was required on the FAFSA. Also include dependent children, if you have provided more than 50% of their support. Please attach a separate sheet if household size is greater than seven.

Full Name of Household Member	Age	Relationship	College Attending 2018-2019	Enrolled at Least Half Time
1.		**SELF**		
2.				
3.				
4.				
5.				
6.				
7.				

C. Certification of Food Stamps or Supplemental Nutrition Assistance Program (SNAP)

During 2018 or 2017 did any member of the above –listed household receive Food Stamps – Supplemental Nutrition Assistance Program (SNAP) benefits? _____**Yes** _____**No**

If yes, name (s) of household member(s) who received these benefits:

_____ _____ _____ _____

D. Certification of Child Support

During 2017 was child support paid by any member of the above-listed household? If yes, list the name of the household member who paid the child support, the name of the person to whom child support was paid in 2017, the name of the children for whom child support was paid in 2017 and the amount paid. You may be required to provide proof of payment if requested.

Name of Person Paying Support in 2017	Name of Person to whom Child Support was paid in 2017	Name of Child Receiving the Support in 2017	Amount of Support Paid in 2017

E. Other Untaxed Income

Indicate the amount of untaxed income received for all family members listed in Section B of this worksheet. **Untaxed income includes** money not reported elsewhere on this form including Worker's Compensation, Disability Benefits, Black Lung Benefits, Railroad Retirement Benefits and untaxed portions of Health Savings Accounts from IRS Form 1040 line 25. **Please provide your 2017 W-2(s) where indicated below.**

Do not include Federal or State Student Financial Aid, Earned Income Credit, TANF, untaxed Social Security Benefits, SSI, WAI, Combat Pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.

Student & Spouse	Calendar Year 2017 Income Amounts	Parents
$	Payment from tax deferred pensions and savings plans (paid directly or withheld from savings) including, but not limited to amount listed in boxes **12a - 12d** of the **W-2**, and having one of the following Codes: **D, E, F, G, H or S**. **Provide W-2(s).**	$
$	IRS deduction and payments to self-employed SEP, SIMPLE Keogh and other qualified plans from IRS Form 1040 total of lines 28+32 or 1040.	$
$	Tax exempt interest income from I RS Form 1040, line 8b, 0r 1040A line 8b	$
$	Untaxed portion of IRA distribution from IRS Form 1040, (line 15a minus 15b) and/or Line (16a minus 16b) 1040A (line 12a minus 12b). Exclude rollovers. If negative enter zero here. If entering a figure, please include a copy of the 1099R	$
$	Money received or paid on the student's behalf.	$
$	Other Untaxed Income (See description above in Section E)	$
$	Housing, food and other living allowances paid to members of the military and Clergy.	$
$	Veteran Non-Educational Benefits	$

F. Statement of Non-Filing

Check the line below for any person who DID NOT file a 2017 Federal Tax Return. By checking this box you are certifying that the indicated individual did not file, and was not required to file, a 2017 Federal Tax Return. If any of those people were employed for any part of 2017, you must enter the amount of income earned in the appropriate box and attach W2's received from the employer.

_____ **You (Student)** _____ **Student's Spouse** _____ **Parent 1** _____ **Parent 2 (or Step Parent)**

SOURCE OF INCOME	STUDENT AND/OR SPOUSE AMOUNT	PARENT AMOUNT

G. 2017 Income Tax Return Information

Both the student and parent are required to submit processed 2017 Federal tax information. (Note: if the student or parent filed an amended 2017 IRS tax return, please call our office.) A Federal Tax Transcript can be obtained online at www.irs.gov.

H. Certification and Signatures

Each person signing below certifies that all of the information required is complete and correct. Everyone whose income information was requested for the FAFSA must sign the worksheet.

_____ _____ _____ _____

Student Signature Date Spouse Signature Date

_____ _____ _____ _____

Parent 1 Signature Date Parent 2 Signature Date