

**2018-2019 Dependent Verification Worksheet**  
**Morrisville State College \* Fax: 315-684-6628 \* PH: 315-684-6289**

Your application was selected by the U.S. Department of Education for review in a process called " **verification** ".  
 Financial aid will be placed on **hold** until the process is completed.

**A. Student Information**

Student's Last Name	First Name	Birth Date	Social Security #
---------------------	------------	------------	-------------------

**B. Family Information**

List all family members who will live in your parent(s) household between 7/1/18 and 6/30/19.

**INCLUDE:**

- \*Student
- \*The parents', including step-parent, even if the student doesn't live with the parents.
- \* The parents' other children if the parents provide more than half of the children's support from 7/1/18 - 6/30/19, or if the other children would be required to provide parental information if they were completing a 2018-2019 FAFSA. Include children who meet either of these standards, even if a child does not live with the parents. (add any college sibling is attending)
- \*Other people if they now live with the parents and the parents provide more than half of the other person's support, and will continue to provide more than half of that person's support through 6/30/19.

Full Name	Age	Relationship	College
		Self	Morrisville State
		Parent	

**C. Income Information**

Check One:

- Parent filed a 2016 Federal Income Tax Return\*\*
- Parent was not employed and had no income from work in 2016\*\*\*
- The Parent was employed in 2016 and did **not** file taxes and is not required to file a tax return.\*\*\*

\*\*Please attach any W2's that may have been issued

Parent Name	Employer Name	Amount Earned	Was a W2 Issued	W2 Attached?

Check one:

- Student filed a 2016 Federal Income Tax Return\*\*
- Student was not employed and had no income from work in 2016\*\*\*
- The Student was employed in 2016 and did **not** files taxes and is not required to file a return.\*\*\*

\*\*Please attach any W2's that may have been issued

Employer's Name	2016 Amount Earned	Was IRS W-2 Issued?	W2 Attached?

**\*\* Both the student and the parent are required to submit completed Federal Tax information (IF filed).**

(If amended taxes were filed, please call our office)

Otherwise:

**The only acceptable method of submitting Federal tax information to our office is:**

Submit to Morrisville State College your 2016 Federal Return Transcript. DO NOT photocopy your income tax return. You can go to [www.IRS.gov](http://www.IRS.gov), under the Tools heading on the IRS homepage, click "get a Tax Transcript." Then click "get transcript by mail". Telephone request - 1-800-908-9946.

**\*\*\*If you did not file taxes you are required to submit a Non-Tax Filer Verification Letter.**

Go to [www.IRS.gov](http://www.IRS.gov). Under Tools Click "Get a tax transcript". Under Related Forms click **Form 4506-T**. You will fill out questions 1-3. Check box 7 to request your Non-Tax Filer Verification Letter. Section 9 indicate the year you are requesting. Check the box showing authority to sign. Sign and date and then fax it to the IRS. Fax numbers are listed on page 2.

**D. Additional Financial Information**

**1. Child support received.**

**Do not include** foster or adoption payments or amounts ordered to be paid but not paid

Name of Adult Who Received Child Support	Name of Child for whom Child Support Was Received	Amount of Child Support Received in 2016

**2. Housing, food, and other living allowances paid to members of the military, clergy and others.**

Include cash payments and/or the cash value of benefits received.

**Do not include** the value of on-base military housing or the value of military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount Received in 2016

**3. Veterans Non-Educational Benefits.**

List the total amount of veterans non-educational benefits received in 2016. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study Allowances

**Do not include** federal veterans education benefits such as: Post -9/11 GI Bill, Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits.

Name of Recipient	Type of Veterans Non-education Benefit	Annual Amount Received in 2016

**4. Other Untaxed Income.**

List the amount of other untaxed income not reported and not excluded elsewhere on this form. Include untaxed income such as workers' comp., disability, Black Lung Benefits, untaxed portions of health saving accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc.

**Do not include** any items reported in any area above. In additions, do not include extended foster care benefits, student aid, Earned Income Credit, Additional Child Tax Credit, TANF, Untaxed Social Security Benefits, SSI, Workforce Innovation and Opportunity Act (WIOA) educational benefits, on-base military housing, combat pay, benefits from flexible spending arrangements (cafeteria plans), foreign income exclusion or credit for federal tax on special fuels.

Name of Recipient	Type of Untaxed Income	Annual Amount Received in 2016

**5. Money received or paid on the student's behalf by a person not on FAFSA.**

List any money received or paid on the student's behalf (ex: payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2016. Include support from a parent whose information **was not** reported on the FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc. for the student or gives cash, gift cards..., include the amount of that persons contributions **unless the person is the student's parent whose information is on the FAFSA.** Amounts paid on the student's behalf also include any distributions to the student from a 529 plan owned by someone other than the student or the student's parents.

Purpose: Ex: Cash, Rent, Books	Source (Person Paying)	Annual Amount Received in 2016

**6. Child Support Paid.**

Name of Person who Paid Child Support	Name of Person Who Support was Paid to	Name and Age of Child Who Support was paid for	Annual Amount Paid in 2016

**7. SNAP Benefits Received**

Name of Household member who received SNAP benefits in 2016

Check here if none Received

*Each person signing below certifies that all of the information reported is complete and accurate.*

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Parent Date