

**2018-2019 Independent 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 #
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**B. Family Information**

List the people who will live in your household between 7/1/18 and 6/30/19.

- INCLUDE:** \*Yourself  
 \*Spouse (if married)  
 \*Any of your children if you will provide more than half of the children's support from 7/1/18 - 6/30/19, even if a child does not live with you.  
 \*Other people if they now live with you and you provide more than half of the other person's support, and will continue to provide more than half of their support through 6/30/19.  
 \*Write the name of the college any family member will be attending at least 1/2 time from 7/1/18 - 6/30/19.

Full Name	Age	Relationship	College
		Self	Morrisville State

**C. Income Information**

Check one:

- Student or spouse filed a 2016 Federal Income Tax Return\*\*  
 Student and/or spouse were not employed and had no income from work in 2016\*\*\*  
 The Student and/or spouse were employed in 2016 and did **not** file taxes and are not required to file a return.\*\*\*

Employer's Name	2016 Amount Earned?	Was a W-2 Issued?	Is W-2 Attached?

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

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

**The only acceptable methods of submitting Federal tax information to our office are:**

Submit to Morrisville State College your 2016 **Federal Return Transcript**. **DO NOT** photocopy your income tax return. You can go to **www.IRS.gov** , under the Tools heading on the IRS homepage, click "**get a Tax 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.**

To to **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 you will 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	2016 Amount Received

**4. Other Untaxed Income.**

List the amount of other untaxed income not reported 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 other area above. Also 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	2016 Amount Received

**5. Money Received or paid on the student's behalf by a person not on the 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 or other person whose information is not on the FAFSA. 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. 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)	2016 Amount Received

**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	2016 Amount Paid

**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.*

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**Student**

**Date**

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**Spouse**

**Date**