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 #
B. Family Inforr	mation			
List the people wh	o will live in your	household between	7/1/18 and 6/30/19.	
INCLUDE: *You	rself			
*Spor	use (if married)			
*Any	of your children if	you will provide more	e than half of the children's	support from 7/1/18 - 6/30/19
even	if a child does not l	ive with you.		
*Oth	er people if they no	w live with you and y	ou provide more than half	of the other person's support,
and w	vill continue to pro	vide more than half o	f their support through 6/3	0/19.
*Writ	e the name of the	college any family me	ember will be attending at l	east 1/2 time from 7/1/18 - 6/3
	Full Name	Ag		College
			Self	Morrisville State
C. Income Infor				
	mation			
Check one:	repouse filed a 20	016 Fodoral Income	Tay Datura**	
	•	016 Federal Income		ork in 2016***
	•		d had no income from w	xes and are not required
	nt and/or spouse e a return.***	were employed in	2016 and did not mes ta	xes and are not required
to iiii	e a return.			
Employer's Nam	 e	2016 Amount Ear	ned? Was a W-2 Issued?	Is W-2 Attached?
17				

on the IRS home Telephone reque		a Tax Transcript by N 9946.	lail."		
"Form 4506-T". Filer Verification	gov. Under Tool You will fill out o Letter. Section hority to sign. S	s Click " Get a tax trar questions 1-3. Check 9 you will indicate th	nscript". Und <u>box 7</u> to requ e year you ar	er Related Forms click	
D. Additional Financial Infor	mation				
L. Child Support Received.					
	•	-i		o be paid but not paid.	
Name of Adult Who Receive	ed	Name of Child for v	vhom Child	Amount of Child Support	
ild Support		Support Was Recei	ved	Received in 2016	
. Housing, food, and other Include cash pay Do not include t for housing.	ments and/or th	es paid to members de cash value of bene ase military housing denefit Received	fits received. or the value o		
2. Housing, food, and other Include cash pay Do not include t	ments and/or th	ne cash value of bene ase military housing	fits received. or the value o	of military allowance	
P. Housing, food, and other Include cash pay Do not include t for housing.	ments and/or th	ne cash value of bene ase military housing	fits received. or the value o	of military allowance	
P. Housing, food, and other Include cash pay Do not include t for housing. Name of Recipient S. Veterans Non-Educations List the total am Disability, Death VA Educational N	Type of Ball Benefits. ount of veterans Pension, Depen Work-Study Allowederal veterans	e cash value of bene ase military housing of enefit Received s non-educational ber dency and Indemnity wances. education benefits su	Amount I Amount I Compensation of the value of the valu	of military allowance Received in 2016 d in 2016. Include	
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**Both the student and the spouse are required to submit completed Federal Tax information (IF filed).

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

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

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

4.	Ot	her	Ur	าtลง	œd	Inc	ome.

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 flixible spending arrangements (cafeteria plans), foreign income exclusion or credit for federal tax on special fuels

Student	Date		Spouse			Date
Each person signing bei	low certifies that all o	f the inform	ation reported is	comple	te and acci	urate.
name of Household We	emaci vino neceiveu	Sivil Dellet		CHECK I	TOTO II HOI	
7. SNAP Benefits Recei Name of Household Me		SNAP Ranaf	its in 2016	Check I	Here if Non	e Received
Paid Child Support	Support w	as Paid To	Who Support v	vas Paid	For	Paid
Name of Person Who			Name and Age			2016 Amoun
6. Child Support Paid.						
Purpose: Ex: Cash, Rent			rson Paying)		2016 Amo	unt Received
529 plan owned by so n	•		•		113 to the 31	adent nom d
contributions. Amount		_	_			
support from a parent of paying rent, utility bills,	•				•	
elsewhere on this form						
List any money receive						
5. Money Received or		-	-			
			ļ			