



2018-2019 Verification Worksheet

For Dependent Student

A. Student Information

Last name	First name	M.I.	J _____ Student ID#
			Phone #

It has been determined that you are a dependent student and must provide parent information in addition to your own.

IMPORTANT: Please do not leave blanks on this form. Doing so will require us to return it to you for completion which will cause delays in the processing of your Financial Aid.

Household Information – Include:

Yourself – (even if you do not currently live with your parents)

Your Parents – and their household members, who they provide more than half of their support for.

Full Name	Age	Relationship to you	College Name / State (If attending)
		<i>Self</i>	<i>Jefferson Community College / NY</i>

Student (Please check)

- I filed a 2016 Income tax return. If you did not use the Data Retrieval tool on your FAFSA, please submit a 2016 IRS Tax Return Transcript.
- I had income from work in 2016 but did not and was not required to file a 2016 income tax return. Please submit copies of all 2016 W2's.
- I did not file because I did not have any income from work in 2016.

Parent(s) (Please check)

- I (we) filed a 2016 Income tax return. Parent 1: Yes ___ No ___ Parent 2: Yes ___ No ___.
If you did not use the Data Retrieval tool on the FAFSA, please submit a 2016 IRS Tax Return Transcript.
- I (we) had income from work in 2016 but did not and were not required to file a 2016 income tax return. Please submit an IRS Verification of Non-Filing Status Letter and copies of all 2016 W2's.
- I (we) did not file and did not have any income from work in 2016. Please submit an IRS Verification of Non-Filing Status Letter and list the type and amount of any untaxed income and/or benefits received on the back of this form.

B. Verification of Asset Information (Please list the current amount for each line, even if it is zero)

	<u>Student</u>	<u>Student's Parent(s) (if applicable)</u>
Cash, Savings, and Checking.....	\$ _____	\$ _____
Net worth of investments *.....	\$ _____	\$ _____
Net worth of businesses and/or.....	\$ _____	\$ _____

investment farms (do not include a farm you live on and operate)

If you (and/or your parent(s)), own a business, do you (they) have more than 100 full-time (or full-time equivalent) employees? Yes No

* **Investments include** real estate (do not include the home you live in), rental property, trust funds, money market funds, mutual funds, CD's , stocks, stock options, bonds, other securities, college savings plans, commodities, etc. **Investments do not include** the home you live in, retirement plans (401k plans, pension funds and annuities, non-education IRA's, Keog plans, etc.) or the value of life insurance. **Net worth** means current value minus debt.

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C. Additional Financial Information (All information pertains to 2016 only)

If a question does not apply to you or your parent(s), please enter -0-

Student

Student's Parent(s)

Did any household member listed in section A. Receive food stamp (SNAP) benefits during 2015 or 2016?

_____ Yes _____ No

\$ _____
Monthly

Child support paid to someone else during 2016: If you or your parent(s) paid child support to someone because of divorce or separation, or as a result of a legal requirement. Please list names and ages of all children for whom support is being paid and the name who it is paid to.

\$ _____
Monthly

Child(rens) names(s): _____ **Age(s):** _____

Child support listed above was paid to: _____

\$ _____ 2016 Taxable earnings from Federal Work-Study or other need-based work programs. \$ _____

D. Untaxed Income Received in 2016 (only list amounts received in 2016)

Student

Student's Parent(s)

\$ _____ Payments to tax-deferred pension and saving plans **reported on the W-2** form in Boxes 12a through 12d, with a code of D, E, F, G, H or S. (**do not include DD**) \$ _____

\$ _____ **Monthly Child support received (paid to you or parent(s) during 2016)** for all children. Do not include foster care or adoption payments. \$ _____

\$ _____ **Monthly Veterans' non-education** benefits such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study \$ _____

\$ _____ **Monthly** Amount of any **other untaxed income or benefits** not reported on your income tax return such as Worker's Compensation, untaxed portions of pensions, disability, public assistance, Social Security, SSI, etc. **To prevent delays, Please list the source and amount of your untaxed income on the line below.** Example: (public assistance - \$350 month, Worker's Comp - \$135 month, SSI - \$520 month, etc). \$ _____

\$ _____ **Yearly** amount of money earned from employment that **was not** reported on a tax return \$ _____

\$ _____ **Yearly** amount of money received or paid on the student's behalf

Please indicate if you or your parent(s) were active duty military or a member of the clergy during 2016

Student: Yes ___ No ___ Parent(s): Yes ___ No ___ (please circle one): Enlisted Officer Clergy

\$ _____ **Yearly** BAS if military or Housing, food and other living allowances if clergy \$ _____

E. Sign this Worksheet (Both Student and Parent must sign)

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

Warning: If you give false or misleading information on this worksheet, you may be fined; be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature (if applicable)

Date

Please return this form to:
SUNY Jefferson
Enrollment Services
1220 Coffeen Street, Watertown, NY 13601