



2019-2020 Verification Worksheet

For Independent Student

A. Student Information

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

It has been determined that you are an independent student and must provide information for yourself and your **spouse (if currently married – even if you were not married during 2017)**

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 – (and your spouse, if you are currently married – even if you were not married during 2017).

Your Children and other people – (if they now live with you and you and/or your spouse provides more than half of their support).

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

Student (and spouse if applicable):

- ___ I (and/or my current spouse if applicable) filed a 2017 Income tax return.
 Student ___ Yes ___ No Spouse (if applicable) ___ Yes ___ No
 If you did not use the Data Retrieval Tool on your FAFSA, please submit a 2017 IRS Tax Return Transcript(s).
- ___ I (and /or my current spouse if applicable) had income from work but did not and were not required to file a 2017 income tax return. Please submit an IRS Verification of Non-Filing Status Letter and copies of all 2017 W2's.
- ___ I (and my current spouse if applicable) did not file a 2017 tax return and did not have any income earned from work in 2017. 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 (section D).

B. Verification of Asset Information

(Please list the current amount for each line, even if it is zero)

	<u>Student (and current spouse 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 spouse if applicable) own a business and 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 2017 only)

If a question does not apply to you (or your spouse if applicable), please enter -0-

Student (and spouse if applicable)

Did any household member listed in section A. Receive food stamp (SNAP) benefits during 2016 or 2017?

_____ Yes _____ No

\$ _____ **Monthly Child support you and/or your spouse paid to someone else during 2017:**

If you, (and/or your spouse if married) 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 was paid and the name of who it was paid to.

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

Child support listed above was paid to: _____

\$ _____ 2017 Taxable earnings from Federal Work-Study or other need-based work programs.

D. Untaxed Income and Benefits Received in 2017 (list only amounts received in 2017)

Student (and spouse if applicable)

\$ _____ Payments to tax-deferred pension and saving plans reported on the 2017 W-2 form(s) 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 and/or your spouse during 2017)** 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 and/or your spouse were active duty military or a member of the clergy during 2016

Student: Yes___ No___ Spouse: Yes___ No___ (please circle one): Enlisted Officer Clergy

\$ _____ **Yearly** BAS if military or housing, food and other living allowances paid to a member of the clergy.

E. Sign this Worksheet

By signing below, I certify 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

Please return this form to:
SUNY Jefferson
Enrollment Services