



Verification Worksheet

Student's Name _____ J# _____
Phone # _____

Section I: Family Information

What is your **parents'** marital status **as of TODAY?**

- Married: Month/Year _____ Divorced or Widowed and **have not** re-married: Month/Year _____
- Never Married Divorced but remarried: Month/Year re-married _____
- Separated (not due to military deployment): Month/Year _____ Unmarried & both parents living together

Section II: Parents' Household Size & Number in College

A. You and Your Parent(s)/Step-Parent

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

B. Your Siblings: List siblings who will receive more than half of their financial support from your parent(s) between July 1, 2020 and June 30, 2021, or are required to use parent information when completing a FAFSA. of their own.

C. Other Dependents: List other dependents who live with your parent(s) **AND** will receive more than half of their financial support from your parent(s) between July 1, 2020 and June 30, 2021.

Section III: Verification of 2018 Income

A. Student (Please check one)

- I filed a 2018 Income tax return. If you did not use the Data Retrieval tool on your FAFSA, please submit a copy of your 2018 tax return including all schedules **or** request a 2018 Record of Account from the IRS.
- I had income from work in 2018 but did not and was not required to file a 2018 income tax return. Please submit copies of all 2018 W2's.
- I did not file because I did not have any income earned from work in 2018

B. Parent(s) (Please check one)

- I (we) filed a 2018 Income tax return. Parent/Step Parent 1: Yes__ No__ Parent/Step Parent 2: Yes__ No__
If you did not use the Data Retrieval tool on the FAFSA, please submit a copy of your 2018 income tax return including all schedules **or** request a 2018 Record of Account from the IRS.
- I (we) had income from work in 2018 but did not and were not required to file a 2018 income tax return. Please submit a separate 2018 Verification of Non-Filing Status Letter from the IRS **and** copies of all 2018 W2's for each Parent/Step Parent listed in Section II above.
- I (we) did not file and did not have any income earned from work in 2018. Please submit a separate 2018 Verification of Non-Filing Status Letter from the IRS for each Parent/Step Parent listed in Section II above **and** include all sources of untaxed income in Section IV on the back of this form.

Section IV: 2018 Excluded Income Information (not reported on a tax return)

- | | <u>Student</u> | <u>Parent</u> |
|--|----------------|---------------|
| 1. AFDC, Public Assistance, Section 8 or SNAP | \$ _____ | \$ _____ |
| 2. Social Security, SSI or SSD | \$ _____ | \$ _____ |
| 3. Veteran's Education Benefits | \$ _____ | \$ _____ |
| 4. Other (please list source of income or benefit below) .. | | |
| Source of income _____ | \$ _____ | \$ _____ |
| Source of income _____ | \$ _____ | \$ _____ |
| 5. Child Support you or your parent's paid to someone else in 2018 because of divorce or separation or as a result of legal requirements. | \$ _____ | \$ _____ |

List only the amount actually paid during 2018.

Child's Name	Age		Child's Name	Age

The child support above was paid to: _____

The child support above was paid by: _____

Section V: Family 2018 Untaxed Income (List ONLY what was received in 2018)

- | | STUDENT | PARENT | |
|--|----------|----------|---------|
| 1. Child support <u>received</u> in 2018 for family members listed in Section II | \$ _____ | \$ _____ | Monthly |
| 2. Veterans' <u>non-educational</u> benefits such as Disability, Death Pensions, or Dependency & Indemnity Compensation (DIC) or VA WorkStudy..... | \$ _____ | \$ _____ | Monthly |
| 3. Payments to tax-deferred pension and saving plans reported on the 2018 W2 form in boxes 12a through 12d, with a code of D, E, F, G, H or S.
Do not include DD | \$ _____ | \$ _____ | Year |
| 4. Payments received from Worker's Compensation..... | \$ _____ | \$ _____ | Monthly |
| 5. Payments received from Disability (other than Social Security Disability).. | \$ _____ | \$ _____ | Monthly |
| 6. Unemployment Compensation <u>not</u> reported on your income tax return.... | \$ _____ | \$ _____ | Monthly |
| 7. Amount of money earned from employment <u>not</u> reported on a tax return | \$ _____ | \$ _____ | Year |
| 8. Amount of money received or paid on the student or parent's behalf by someone else. | \$ _____ | \$ _____ | Year |
| 9. Other (please specify)..... | \$ _____ | \$ _____ | Monthly |
| 10. BAS if military <u>or</u> Housing, food and other living allowances if clergy | \$ _____ | \$ _____ | Year |
- Please indicate if your parent/step parent(s) were active duty military or a member of the clergy in 2018.....

Parent/Step Parent 1: Yes ___ No ___

Parent/Step Parent 2: Yes ___ No ___

(please circle one): Enlisted Officer Clergy

(please circle one): Enlisted Officer Clergy

Name: _____

J# _____

Section VI: Asset Information

Report the net value of assets as of the day you first completed the FAFSA. The net value is defined as the cash out or sale value minus debt directly related to the asset.

	<u>Student</u>	<u>Parent</u>
Cash, Savings, and Checking	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
<small>(Ex: land, rental property, second home. <u>DO NOT INCLUDE THE HOME YOU LIVE IN</u>)</small>		
Investments	\$ _____	\$ _____
<small>(Ex: 529 plans, CD's, trusts, mutual funds, stocks, bonds, etc.)</small>		
Business.....	\$ _____	\$ _____
<small>(Ex: land, buildings, inventories, equipment, machinery, etc. Note: Do not report small Businesses that you or your parent(s) own that has 100 or fewer full time employees.</small>		
Investment farms (<u>do not include a farm you live on and operate</u>)	\$ _____	\$ _____

Section VII: Required Signatures

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 Signature

Date

Important: Each line must be completed even if the answer is zero.

Incomplete forms will be returned for completion which will cause delays in processing your financial aid.

Please **DO NOT** make corrections to your FAFSA application once you have submitted this form.

Upon completion of your verification, any necessary changes will be made electronically by our office.

Please return this form to:

**SUNY Jefferson - Enrollment Services
1220 Coffeen Street
Watertown, NY 13601**