

2015–2016 Aggregate Verification Worksheet

V5-Independent Student

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification". The Financial Aid Office at your college must compare information from your FAFSA with information you provide on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected and your Financial Aid Office could require additional documentation. You may not receive federal financial aid until all verification requirements are met and the necessary corrections made.

What You Should Do

1. If you (or your spouse, if you are married) are tax filers, obtain **2014 IRS Tax Return Transcripts** for yourself, and/or your spouse. The Financial Aid Office cannot accept preparer's copies of the required tax documents. You may obtain an IRS Tax Return Transcript online at www.irs.gov/Individuals/Get-Transcript or by phone at 1-800-908-9946. Make sure you request an IRS Tax Return Transcript and NOT an IRS Tax Account Transcript. **Important Note:** If you used the IRS Data Retrieval tool to transfer your IRS income data into your FAFSA, you may not have to submit the IRS Tax Return Transcript.
2. Complete pages 1-3 (Sections A-E) of this worksheet – you must sign the certification (SECTION E) on page 3 of the worksheet. Collect the documents required for Section F on page 4 but do NOT complete that page in advance.
3. Submit the completed worksheet, tax return transcripts, and any other required documents to the Financial Aid Office at your college. You will complete Section F in person at that time.

A. Student's Information

Student's Last Name	First Name	M.I	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's CUNYfirst ID#
City, State, Zip Code			Student's Date of Birth
Student's Phone Number (include area code)			Student's Email Address

B. Student's Household Information

List the people you will support between July 1, 2015 and June 30, 2016. Include:

- Yourself and your spouse (if you are married)
- Your other children if you (or your spouse) provide more than half of their support, even if they don't live with you.
- Other people if they now live with you, and you now provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Write the name of the college below for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015 and June 30, 2016.

If more space is needed, attach a separate page with student's name and the last 4 digits of student's SSN at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Example: Jane Smith</i>	<i>18</i>	<i>Sister</i>	<i>State University</i>	<i>Yes</i>
		Self		

Student Name:	Student SSN: XXX-XX- _____
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C. Student/Spouse's Income Information to Be Verified

NOTE: Notify the Financial Aid Office at your college if you and your spouse had a change in marital status after December 31, 2014 or filed (or will file) an amended 2014 IRS tax return.

Check the appropriate box (or boxes):

- ☐ I/we used the IRS Data Retrieval Tool in FAFSA-on-the-Web to transfer 2014 IRS income tax information into the FAFSA. *[The income tax information from the FAFSA will be used to complete the verification process.]*
- ☐ I/we did not (or could not) transfer my/our 2014 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our **2014 IRS Tax Return Transcript** to this worksheet. *[Note: if you filed a joint tax return, but reported your marital status on the FAFSA as separated, divorced or widowed, you must include copies of all IRS Form W-2s with the tax transcript.]*
- ☐ I/we have not filed (and are not required to file) a 2014 federal income tax return and I/we had no income earned from work in 2014.
- ☐ I/we have not filed (and are not required to file) a 2014 federal income tax return but I/we had income earned from work in 2014 as listed below. *[List every employer and the amounts earned in 2014, even if they did not issue an IRS Form W-2. Attach copies of all 2014 IRS Forms W-2 that were issued to you by employers.]*

If more space is needed, attach a separate page with student's name and the last 4 digits of student's SSN at the top.

Employer's Name	2014 Amount Earned	2014 IRS Form W2 Attached?
<i>Example: ABC Company</i>	<i>\$1367.75</i>	<i>Yes</i>

D. Other Information to Be Verified

1. Complete this item if one of the persons listed in Section B of this worksheet received benefits from the **Supplemental Nutrition Assistance Program or SNAP** (formerly known as food stamps) any time during the 2013 or 2014 calendar years.
 - ☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2013 or 2014. If asked by my college, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.
2. Complete this item if you (or your spouse, if married) **PAID child support** in 2014.
 - ☐ I/we paid child support in 2014 and have listed below the requested information for each child to whom child support was paid. If asked by my college, I/we will provide additional documentation of the payment of child support. *[Do not include child support paid for children listed on your FAFSA as part of your household size or listed in Section B of this worksheet.]*

If more space is needed, attach a separate page with student's name and the last 4 digits of student's SSN at the top.

Name of Person who Paid Child Support	Name of Person to whom Child Support was Paid	Name and Age of Child for whom Support was Paid	Amount of Child Support Paid in 2014
<i>Example: Mary Smith</i>	<i>John Smith</i>	<i>Joseph Smith Age 10 years</i>	<i>\$5000</i>

Student Name:	Student SSN: XXX-XX- _____
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E. Certification and Signatures

I/we certify that all of the information reported on this worksheet is complete and correct. I/we understand that if we purposely give false or misleading information, I/we could be fined, jailed, or both. *[If student is married, the spouse's signature is optional.]*

Student Signature	Date
Spouse Signature	Date

Do not mail this worksheet to the U.S. Department of Education.

Submit this worksheet to the Financial Aid Office at your college.

You should make a copy of this worksheet and all submitted documents for your records.

You must complete Section F on page 4 of this worksheet IN PERSON at the Financial Aid Office at your college.

Student Name:	Student SSN: XXX-XX- _____
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F. Identity Verification and Statement of Educational Purpose

Do not complete this page in advance. You must complete and sign this page IN PERSON at the Financial Aid Office at your college.

You have been selected by the U.S. Department of Education to verify your identity and educational plans. You must appear in person at the Financial Aid Office at your college and present a piece of valid government-issued identification to a financial aid representative. The representative will review and copy this piece of identification which will be maintained in your student file.

Statement of Educational Purpose

I certify that I, _____
(Print Name)

am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____ for 2015-2016.
(Name of CUNY Institution Attending)

Student's Signature: _____ Date: _____

OFFICE USE ONLY- DO NOT WRITE BELOW

1. Proof of Identity

The above-named student has presented valid government-issued photo identification such as a state driver's license, non-driver's license, military identification or passport which verifies his or her identity.

FA Certifying Officer's Signature	Date Received	Type of Valid ID Collected

2. Completion of High School or the Equivalent

The above-named student has submitted a final high school transcript or other acceptable documentation to the appropriate CUNY office that shows evidence of graduation from an accredited high school or educational institution, state-issued general education equivalency (GED), or evidence of home schooling.

FA Certifying Officer's Signature	Date Received