

2017–2018 Aggregate Verification Worksheet

V5-Independent Student

Your 2017–2018 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 will 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 married) are tax filers, obtain a 2015 IRS Tax Return Transcript for yourself and your spouse. Request an IRS Tax Return Transcript online at www.irs.gov/Individuals/Get-Transcript or by phone at 1-800-908-9946. Make sure you select an IRS Tax Return Transcript and NOT the IRS Tax Account Transcript. Be sure to specify tax year 2015 when making your request. In place of the transcript, the Financial Aid Office can accept a complete signed copy of a preparer's 2015 Federal Income Tax Return [Form 1040, 1040A or 1040EZ] that was submitted to the IRS. Important Note: If you used the IRS Data Retrieval Tool to transfer your 2015 income data into your FAFSA, you may not have to submit the IRS Tax Return Transcript.
- 2. If you or your spouse had income earned from work in 2015, but did not and were not required to file a tax return, you each must provide all **W-2 forms** for tax year 2015 issued to each of you by your employers.
- 3. Complete Sections A-C of this worksheet you must sign the Section D certification on page 2 of the worksheet. Collect the documents required for Section E on page 3 but do <u>NOT</u> complete that page in advance.
- 4. Submit the completed worksheet, tax return transcript(s) 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 (in | clude apt. no.) | | Student's CUNYfirst ID / Empl ID | |
| | | | | |
| City, State, Zip Code | | | Student's Date of Birth | |
| | | | | |
| Student's Phone Number (in | clude area code) | | Student's Email Address | |
| | | | | |
| | | | | |

B. Student's Household Information

List the people you will support between July 1, 2017 and June 30, 2018. 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, 2018.

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, 2017 and June 30, 2018.

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 |
|---------------------|-----|--------------|------------------|--|
| Example: Jane Smith | 18 | Sister | State University | Yes |
| | | Self | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

C. Student/Spouse's Income Information to Be Verified

| Student N | lame: | Student | SSN: XXX-XX | |
|--------------------|--|--|---|-------|
| NOTE: | Notify the Financial Aid Office December 31, 2015 or filed (o | | d your spouse had a change in marital status 015 IRS tax return. | after |
| Check the | appropriate box (or boxes) | : | | |
| | | | to transfer 2015 IRS income tax information to transfer 2015 IRS income tax information by the transfer in the second section of the transfer in the transfer | |
| Retri signe | eval Tool. I/we have attached | to this worksheet a copy | formation to the FAFSA using the IRS Data y of my 2015 IRS Tax Return Transcript or Return (Form 1040, 1040A or 1040EZ) that | |
| | have not filed (and are not reded from work in 2015. | quired to file) a 2015 fede | eral income tax return and I/we had no incom | ne |
| from W-2 emp | work in 2015 as listed below. was not issued. You must atta loyers.] | List every employer and ach copies of all 2015 IRS | eral income tax return but I/we had income end the amounts earned in 2015, even if an IRS S Forms W-2 that were issued to you by your earned the last 4 digits of student's SSN at the top. | Forn |
| | Employer's Name | 2015 Amoun | nt Earned 2015 IRS Form W2 | |
| - | Example: ABC Company | \$1367. | Attached? .75 Yes | |
| | example. Albo company | <i>\$1007.</i> | 763 | |
| | | | | |
| D. Certific | ation and Signatures | | | |
| 1 / | | ortea on this worksheet is | is complete and correct. I/We linderstand tha | |
| | tify that all the information reposely give false or misleading in | | | at if |
| | | | | at if |

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

Date

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 3 of this worksheet <u>IN PERSON</u> at the Financial Aid Office at your college.

Spouse Signature

| | Student SSN: X | xx-xx |
|--|--|--|
| . Identity Verification and Statement | of Educational Purpose | • |
| o not complete this page in advance. You id Office at your college. | must complete and sign t | his page <u>IN PERSON</u> at the Financia |
| ou have been selected by the U.S. Department opear in person at the Financial Aid Office at you entification to a financial aid representative. Thich will be maintained in your student file. | our college and present a pie | ce of valid government-issued |
| atement of Educational Purpose | | |
| certify that I, (Print Name) | | |
| n the individual signing this Statement of Educ ay receive will only be used for educational pu | | |
| | | for 2017-2018. |
| lame of CUNY Institution Attending) | | |
| udent's Signature: | | Date: |
| | | |
| OFFICE USI | E ONLY- DO NOT WRITE B | ELOW |
| Proof of Identity | | |
| _ | | |
| | | ntification such as a state driver's licens |
| | | ntification such as a state driver's licens Type of Valid ID Collected |
| n-driver's license or passport which verifies hi | s or her identity. | |
| on-driver's license or passport which verifies hi | s or her identity. Date Received | |
| FA Certifying Officer's Signature Completion of High School or the Equiva | Date Received | Type of Valid ID Collected |
| FA Certifying Officer's Signature Completion of High School or the Equivale above-named student has submitted a final propriate CUNY office that shows evidence of | Date Received Date Received Alent high school transcript or oth graduation from an accredite | Type of Valid ID Collected Description of the second of t |
| FA Certifying Officer's Signature Completion of High School or the Equivale above-named student has submitted a final appropriate CUNY office that shows evidence of | Date Received Date Received Alent high school transcript or oth graduation from an accredite D), or evidence of home school | Type of Valid ID Collected Description of the second of t |
| Completion of High School or the Equiva- ne above-named student has submitted a final opropriate CUNY office that shows evidence of ate-issued general education equivalency (GEI | Date Received Date Received Alent high school transcript or oth graduation from an accredite D), or evidence of home school | Type of Valid ID Collected ner acceptable documentation to the ed high school or educational institution, poling. |