

2016-2017 Verification Worksheet

Your FAFSA application has been selected by the U.S. Department of Education for "verification". We are required by federal law (34 CFR, Part 668) and have the authority to request copies of certain financial documents from you (and spouse if married, or parents' if you are considered dependent for federal aid purposes). If there are differences between your FAFSA and documents submitted corrections may be needed.

What you should do: Request your (and your spouse's or parents') 2015 IRS Tax Transcript, W2's, 1099's, etc. (You can request the Tax Transcript online at: www.irs.gov, or call 1-800-829-1040). Provide all requested documents, completed in full within 10 days of receiving your notification.

We cannot process your financial aid until verification has been completed. If you have questions, please call the Financial Aid Office at the College of Saint Elizabeth at (973) 290-4445.

Student Information			
Last Name	First Name	M.I.	Social Security No.
Address	City	State	Zip
Date of Birth	email address		Phone Number (including area code)

Family Information

Independent Students: List the people in your household below. Yourself and your spouse, your children, if you will provide more than 50% of their support from July 1, 2016 through June 30, 2017.

Dependent Students: List the people in your parents' household below. Yourself and your parent(s) (including stepparent) even if you don't live with your parents'; your parents' other children, even if they don't live with your parent(s), if your parents provide more than 50% of their support from July 1, 2016 through June 30, 2017.

List name of household members as defined above for Independent and Dependent students.

****If household person is going to college at least 1/2 time (6 or more credits) from July 1, 2016 through June 30, 2017 and will be enrolled in a degree, diploma or certificate program, please indicate below.**

Full Name	Age	Relationship	**College

Attach separate paper if needed

Student/Spouse Indicate amount	<h1>2015 Untaxed Income</h1> <p>Both tax filers and non-tax filers must list any untaxed income from 2015. Enter zeros (0) if no funds were received.</p>	Parents Indicate amount
	a. Payments to tax-deferred pension and retirement savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, Codes D, E, F, G, H and S. Don't include amounts reported in code DD (employer contributions toward employee health benefits).	
	b. IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040-line 28 + line 32 or 1040A- line 17.	
	c. Child support received for any of your children. Don't include foster care or adoption payments.	
	d. Tax exempt interest income from IRS Form 1040-line 8b or 1040A-line 8b.	
	e. Untaxed portions of IRA from IRA distributions from IRS Form 1040-lines (15a minus 15b) or 1040A-lines (11a minus 11b). Exclude rollovers, if negative, enter zero.	
	f. Untaxed portions of pensions from IRS Form 1040-lines (16a minus 16b) or 1040A-lines (12a minus 12b). Exclude rollovers, if negative, enter zero.	
	g. Housing, food and other living allowances paid to members of the military clergy and others (including cash payments and cash value of benefits).	
	h. Veterans non-educational benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.	
	<p>i. Other untaxed income not reported in a. through h, such as worker's compensation, disability, etc. Also include the untaxed portions of health savings accounts from IRS Form 1040-line 25.</p> <p>Don't include extended foster care benefits, student aid, earned income credit, additional child tax credit additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act Educational Benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (cafeteria plans), foreign income exclusion or credit for federal tax on special funds.</p>	
	<p>j. Money received, or paid on your behalf (e.g. bills), not reported elsewhere this form. This includes money that you received from a parent whose financial information is not reported on this form and that is not part of a legal child support agreement.</p> <p>Also includes distributions to you (the student beneficiary) from a 529 plan that is owned by someone other than you or your parents (such as your grandparents, aunts, and uncles).</p>	
Student/Spouse Indicate amount	<h1>2015 Additional Information</h1> <p>Both tax filers and non-tax filers must list any untaxed income from 2015. Enter zeros (0) if no funds were received.</p>	Parents Indicate amount
	a. Education credits (American Opportunity, Hope or Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A – line 33.	
	b. Taxable earnings from need-based employment programs, such as Federal Work-Study, and need-based employment portions of fellowships and assistantships	
	c. Taxable student grant and scholarship aid reported to the IRS in the Adjusted Gross Income . Includes AmeriCorps benefits (awards, living allowances and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	
	e. Combat pay or special combat pay. Only enter the amount that was taxable and included in your adjusted gross income. Don't include untaxed combat pay.	

Tax Forms and Income Information

All tax filers must submit an IRS tax transcript for all 2015 Federal Tax returns (2015 IRS Form 1040, 1040A-EZ, TeleFile, tax return from Puerto Rico or a foreign return). Request transcript by calling the IRS 1-800-829-1040 or online www.IRS.gov

Non-filers: List source(s) of ALL income received in 2015 (refer to W-2 forms or other documents) even for those not required to file.

Name	Source of Income/support	Amount

Signatures

Certifications and signatures: Each person signing below certifies that all of the information reported is complete and correct. The student and parent (whose information was reported on the FAFSA) must sign and date below.

Warning: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Students Name	Signature of Student	Date
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Print Parent's Name	Signature of Parent	Date
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Statement of Identity and Educational Purpose

The student must appear in person at the **College of Saint Elizabeth** to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, *in the presence of the institutional official*, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

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 **College of Saint Elizabeth** for 2016-2017.

(Student's Signature)

(Date)

(Student's ID Number)

The above statement must be signed in the presence of a notary if the student is unable to appear in person at College of Saint Elizabeth to verify his or her identity; the student must provide:

- (a) a copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(Seal)

(Notary signature)

My commission expires on _____