

2018-2019 Dependent Verification Worksheet Federal Student Aid Programs

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FA18VPVR

Dependent

Your application was selected by the US Department of Education for a process called verification. We must compare the information on your FAFSA with that provided with this form. If there are differences between your FAFSA and the documents you've submitted, we will make corrections to your FAFSA or contact you for further clarification.

Please do not leave any responses blank. The student and at least one parent must sign this document.

A. Student Information

_____	_____	_____
Last Name	First	STCC ID Number
_____	_____	_____
Address		Date of Birth
_____	_____	_____
City	State Zip Code	Phone No. (include Area Code)

B. Family Information

List the people in your parent(s)' household, including:

- Yourself, your parent(s) (including stepparents) even if you don't live with your parents, and;
- Your parents' other children, even if they don't live with your parent(s), if (a) your parents will provide more than half of their support from July 1, 2018 through June 30, 2019, or (b) the children would be required to provide parental information when applying for Federal Student Aid, aid;
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2018 through June 30, 2019.
- Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2018 and June 30, 2019, and will be enrolled in a degree, diploma, or certificate program. **If you need more space, attach a separate page.**

Full Name	Age (Required)	Relationship	Full Name of College	Enrolled at least Half Time
Missy Jones (example)	24	Sister	City University	YES/NO
		Self		

C. Parent's Other Information to be Verified

At any time during 2016 or 2017, did you, your parents, or anyone in your parent's household receive benefits from any of the federal programs listed? **PLEASE CHECK YES OR NO FOR EACH CATEGORY:**

Medicaid or Supplemental Security Income (SSI)	Food Stamps (SNAP)	Welfare (Cash benefits) / TANF
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Child Support Paid by Student or Parent (Report 2016 Calendar Year amounts)

Report the child support **you or your parent paid** because of divorce or separation or as a result of a legal requirement. Do not include child support received for children in your parents' household. List child for whom child support was **paid in 2016**. **IF NONE, ENTER, "0"**.

Name of Person Who Paid Child Support	Name of Child for Whom Child Support was Paid	Name of Person Who Received Child Support	Age of Child for Whom Support Was Paid	Amount of Child Support Paid in 2016
Marty Jones (example)	Chris Smith	Sarah Smith	17	\$6,000.00

E. Student's and Parents' Tax Forms and Income Information (Check only one box under each category)

Student	Parent(s)
<input type="checkbox"/> I filed a 2016 IRS Tax Return <ul style="list-style-type: none"> <input type="checkbox"/> <u>I have used</u> the IRS Data Retrieval Tool to complete the FAFSA. <input type="checkbox"/> <u>I have not yet used</u> the IRS Data Retrieval Tool, but will use the tool. <input type="checkbox"/> I am unable or choose not to use the IRS Data Retrieval Tool and instead will provide the school with a 2016 IRS Tax Return Transcript. See enclosed instructions on how to obtain a Tax Return Transcript. <p style="text-align:center;">OR</p> <input type="checkbox"/> I worked in 2016, but am not required to file a 2016 federal tax return. Go to Section F and follow instructions. <p style="text-align:center;">OR</p> <input type="checkbox"/> I did NOT work in 2016 and will not file a 2016 federal tax return.	<input type="checkbox"/> I filed a 2016 IRS Tax Return <ul style="list-style-type: none"> <input type="checkbox"/> <u>I have used</u> the IRS Data Retrieval Tool to complete the FAFSA. <input type="checkbox"/> <u>I have not yet used</u> the IRS Data Retrieval Tool, but will use the tool. <input type="checkbox"/> I am unable or choose not to use the IRS Data Retrieval Tool and instead will provide the school with a 2016 IRS Tax Return Transcript. See enclosed instructions on how to obtain a Tax Return Transcript. <p style="text-align:center;">OR</p> <input type="checkbox"/> I worked in 2016, but am not required to file a 2016 federal tax return. Go to Section F and follow instructions. <p style="text-align:center;">OR</p> <input type="checkbox"/> I did NOT work in 2016 and will not file a 2016 federal tax return. Go to Section F and follow instructions.

F. Income Information for Student and Parent Non-Tax Filers

Student: If you did not, and were not required to file a tax return in 2016, list all employers and amounts earned below. **You must also submit copies of all W-2s with this form.**

Parent(s): If you did not, and were not required to file a tax return in 2016, list all employers and amounts earned below. **You must also submit copies of all W-2s and a Verification of Non-Filing Letter from the IRS. See enclosed instructions on obtaining a Non-Filing Letter.**

EMPLOYER NAME/SOURCE OF INCOME	DOLLAR AMT. EARNED IN 2016	W-2 ATTACHED YES/NO
	\$	
	\$	
	\$	

EMPLOYER NAME/SOURCE OF INCOME	DOLLAR AMT. EARNED IN 2016	W-2 ATTACHED YES/NO
	\$	
	\$	

G. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **The student and one parent must sign and date:**

Student Signature

Date

Parent Signature (Required)

Date

**Return this form to: STCC- Student Financial Services
One Armory Square, Bldg. 15, Room 109
Springfield, MA 01102**

Phone: (413) 755-4214 * Fax: (413) 755-5175

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.