2016–2017 Household Resources Verification Worksheet

V6-Independent Student

Your 2016–2017 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 Financial Aid Office may require additional documentation and your FAFSA information may need to be corrected. 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 you are married) are tax filers, obtain **2015 IRS Tax Return Transcripts** and **W-2 Forms** for yourself, and/or your spouse. The Financial Aid Office cannot accept preparer's copies of the required tax documents. 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. **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 all sections of this worksheet – you must sign the certification (Section F) on page 5 of the worksheet.
3. Submit the completed worksheet, tax return transcript(s) and any other required documents to the Financial Aid Office at your college.

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 / Empl 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, 2016 and June 30, 2017. 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, 2017.

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, 2016 and June 30, 2017.

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		

Student Name:	Student SSN: XXX-XX- ____ ____ ____ ____

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, 2015 or filed (or will file) an amended 2015 IRS tax return.

Check the appropriate box (or boxes):

☐ I used the IRS Data Retrieval Tool in FAFSA-on-the-Web to transfer 2015 IRS income tax information into the FAFSA. [*The income tax information from the FAFSA will be used to complete the verification process.*]

☐ I did not (or could not) transfer my/our 2015 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our **2015 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 2015 federal income tax return and I/we had no income earned from work in 2015.

☐ I/we have not filed (and are not required to file) a 2015 federal income tax return but I/we had income earned from work in 2015 as listed below. [*List every employer and the amounts earned in 2015, even if they did not issue an IRS Form W-2. Attach copies of all 2015 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	2015 Amount Earned	2015 IRS Form W2 Attached?
Example: ABC Company	*$1367.75*	*Yes*

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 2014 or 2015 calendar years.

   ☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. If asked by my college, I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015.

2. Complete this item if you (or your spouse, if married) PAID **child support** in 2015.

   ☐ I/we paid child support in 2015 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 2015
Example: Mary Smith	*John Smith*	*Joseph Smith Age 10 years*	*$5000*

Student Name:	Student SSN: XXX-XX- ____ ____ ____ ____

E. Untaxed Income to Be Verified

Answer each question below as it applies to you, the student, and your spouse, if you are married. **If any item does not apply,** enter "N/A" for Not Applicable where a response is requested, or enter "0" in an area where an amount is requested.

To determine the correct annual amount for each item: If you paid or received the same dollar amount every month in 2015, multiply that amount by the number of months in 2015 you paid or received it. If you did not pay or receive the same amount each month in 2015, add together the amounts you paid or received each month.

If more space is needed for any item, provide a separate page with the student's name and ID number at the top.

1. Payments made by student and/or spouse to tax-deferred pension and retirement savings plans

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

Name of Person Who Made the Payment	Total Amount Paid in 2015

2. Child support received

List the actual amount of any child support received in 2015 for ALL children listed in the household in Section B of this worksheet. **Do not include** foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

Name of Adult Who Received the Support	Name and Age of Child For Whom Support Was Received	Amount of Child Support Received in 2015

3. Housing, food, and other living allowances paid to members of the military, clergy, and others

Include cash payments and/or the cash value of benefits received by you or your spouse. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

Name of Recipient	Type of Benefit Received	Amount of Benefit Received in 2015

4. Veterans non-education benefits

List the total amount of veterans non-education benefits received in 2015 by you or your spouse. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

Name of Recipient	Type of Veterans Non-education Benefit	Amount of Benefit Received in 2015

Student Name:	Student SSN: XXX-XX- ____ ____ ____ ____

5. **Other untaxed income**
List the amounts of other untaxed income received by you or your spouse that were not reported elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

Name of Recipient	Type of Other Untaxed Income	Amount Received in 2015

6. **Money received or paid on the student's behalf**
List any cash support received or paid on your behalf (e.g., payment of your bills) and not reported elsewhere on this form. If someone is paying your rent, utility bills, etc., or gives cash, gift cards, etc., include the amount of that person's contributions. Amounts paid on your behalf also include any distributions to the student from a 529 plan owned by someone other than you, the student, or your parents, such as your grandparents, aunts, and uncles.

Source of Support	Purpose: e.g., Cash, Rent, Books	Amount Received in 2015

7. **Additional information:**
So that we can fully understand your family financial situation, please provide information about any other resources, benefits, and other amounts received by you, your spouse or any other members of your household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc.

Name of Recipient	Type of Financial Support	Amount Received in 2015

Comments: _____

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Student Name:	Student SSN: XXX-XX- ____ ____ ____ ____

F. Certification and Signatures

I/we certify that all of the information reported on this worksheet is complete and correct. I/we further 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.