

Your application was selected by the U.S. Dept. of Education for review in a process called “verification.” In this process, we are required by federal law (34 CFR, Part 668) to compare the information from your application with the information provided on this form and review of your 2016 federal tax information (and your spouse’s if you are married, or parents’ if you are considered dependent for federal aid purposes). If there are differences between your application and the documents you have submitted, corrections may need to be made. You will receive acknowledgement of these changes. If we do made corrections please do not make any subsequent changes to your FAFSA data. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

Instructions:

1. Complete all sections and sign the worksheet. **If you are dependent, your parent’s signature is also required.**
2. Contact us if you have questions about completing this worksheet.
3. **Deliver, mail, or FAX (518-743-2314)** to our office the completed worksheet, tax return transcripts, and/or Verification of Non-filing Letter.

A. Student Information

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>	<i>Social Security Number</i>	
<i>Address (include apt. #)</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Date of Birth</i>	<i>E-mail Address (optional)</i>		<i>Phone Number (include area code)</i>	

B. Family Information

- Independent Students:** List the people in your household, including: (a) yourself, and (b) your spouse, if married; and (c) your children, if you will provide more than half of their support from July 1, 2018 through June 30, 2019; and (d) other people if they now live with you, and you 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.
- Dependent Students:** List the people in your parents’ household, including: (a) yourself, and (b) your parent(s) (including stepparent) even if you don’t live with your parents; and (c) your parents’ other children, even if they don’t live with your parent(s), if (1) your parents provide more than half of their support from July 1, 2018 through June 30, 2019, or (2) the children would be required to provide parental information when applying for federal student aid; and (d) 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 as defined above. Also write in the name of the college for any family member, excluding your parent(s), who will be attending college 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	Relationship	College
<i>Example: Martha Jones</i>	<i>24</i>	<i>Wife</i>	<i>City University</i>
		Self	SUNY Adirondack

C. Income and Federal Tax Information

Choose one box for student/spouse and one box for parent(s), if applicable:

Student/spouse (choose one):

- Student/spouse used the IRS Data Retrieval tool within FAFSA and did not change the data.
 Student/spouse has or will submit a signed 2016 IRS Tax Return Transcript/copy.
 Student/spouse is not required to file a 2016 tax return.* List earnings below and attach copies of all 2016 W-2s.

Employer(s) Name: If you did not work check here: 2016 Earnings: (from W-2 Box 1)

 _____ Total: _____

***Per federal regulations, if you are independent and indicated you were not required to file a tax return in 2016 then documentation from the IRS dated on or after 10/1/17 confirming a 2016 IRS tax return was not filed must be provided with this form.**

Parent(s), including step-parent (choose one):

- N/A
 Parent(s) used the IRS Data Retrieval tool within FAFSA and did not change the data.
 Parent(s) have or will submit a signed 2016 IRS tax return transcript/copy.
 Parent(s) are not required to file a 2016 tax.** List earnings below and attach copies of all 2016 W-2s.

Employer(s) Name: If you did not work check here: 2016 Earnings: (from W-2 Box 1)

 _____ Total: _____

****Per federal regulations, if the parent(s) of a dependent student indicated they were not required to file a tax return in 2016 then documentation from the IRS dated on or after 10/1/17 confirming a 2016 IRS tax return was not filed must be provided with this form.**

D. Additional Financial and Untaxed Income Information (if a category doesn't apply, enter a zero).

Student (spouse)	Calendar Year 2016	Parent(s) (including step-parent)
\$	Education Credits (Hope & Lifetime Learning tax credits) 1040 = 50, A = 33	\$
\$	Payments to tax-deferred pension and savings plans including, but not limited to, amounts reported on the W-2 boxes 12a through 12d codes D, E, F, G, H & S (do NOT include code DD)	\$
\$	IRA, SEP, SIMPLE, & Keogh (1040 = 28 + 32, 1040A = 17)	\$
\$	Tax exempt interest income (1040 = 8b, 1040A = 8b)	\$
\$	Untaxed IRA distributions (exclude rollovers) (If negative, enter zero) 1040 = (15a minus 15b) 1040A = (11a minus 11b)	\$
\$	Untaxed portion of pensions (exclude rollovers) (If negative, enter zero) 1040 = (16a minus 16b) 1040A = (12a minus 12b)	\$
\$	Child support <i>received</i> for children (Exclude foster care/adoption payments)	\$
\$	Other Untaxed Income: Type: _____ (i.e., Workers Comp, disability) DO NOT include the following: extended foster care benefits, student aid, earned income credit, additional child credit, welfare payments, untaxed Social Security, SSI, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion or credit for federal tax on special fuels	\$
\$	Money received or paid on your behalf, i.e. bills, etc. not reported elsewhere on this form	\$

F. Sign This Worksheet

By signing this worksheet, I (we) certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** Pursuant to federal law, if you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

 Student's Signature Date _____

 Parent's Signature (Dependent Students Only) Date _____

Return to: SUNY Adirondack, Financial Aid Office, 640 Bay Road, Queensbury, NY 12804