

2015-2016 Verification Worksheet

Federal Student Aid Programs

INDEPENDENT

MAIL THIS FORM TO:
SUNY New Paltz
Financial Aid Office
200 Hawk Drive
New Paltz, NY 12561-2437

Your application has been selected for review in a process called "Verification". In this process, we will be comparing information from your Free Application for Federal Student Aid (FAFSA) with your (and your spouse's, if you are married) 2014 IRS tax information, and possibly other financial documents. If there are differences between your application information and your financial documents, it will need to be corrected before any Federal aid can be processed.

STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Student ID Number
_____			_____
Address (include apartment number)			Date of birth
_____	_____	_____	_____
City	State	Zip	Phone number (include area code)

HOUSEHOLD MEMBER INFORMATION

Fill in the information below about the people you will support between July 1, 2015 and June 30, 2016. **INCLUDE YOURSELF, YOUR SPOUSE, YOUR CHILDREN IF YOU PROVIDE MORE THAN HALF OF THEIR SUPPORT, AND ANY OTHERS WHO NOW LIVE WITH YOU AND RECEIVE MORE THAN HALF OF THEIR SUPPORT FROM YOU.** List the name of the college your other family members will be attending if they will be enrolled in a college degree, diploma, or certificate program for at least six credits per term between July 1, 2015 and June 30, 2016.

Name	Age	Relationship	College Attending in 2015-16
		Self	

CHILD SUPPORT PAID

Did you or your spouse **pay** child support because of divorce or separation or as a result of a legal requirement for the year 2014? Yes No

If yes, please complete below:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Names and Ages of Children for Whom Support Was Paid	Amount of Child Support Paid in 2014

