Mount Saint Mary College
NEWBURGH, NEW YORK | LEADING • CARING • INNOVATING

V1-DEP

2019-2020 Verification
Federal Student Aid Programs – Dependent Student

The U.S. Department of Education selected your application for review in a process called Verification. This requires you to submit signed copies of financial and other documents to the Financial Aid Office. Submit the completed **worksheet** and Federal tax **transcripts** (if you did not complete your FAFSA using the IRS Data Retrieval Tool) to: **Mount Saint Mary College, Student Financial Services, 330 Powell Avenue, Newburgh, NY 12550 Email:** sfs@msmc.edu **Fax:** 845-569-3302

DO NOT LEAVE BLANKS

STEP 1 - Student Information (please print)

_____ _____
Last Name *First Name* *M.I.* *MSMC ID#*

_____ _____ _____ _____
Date of Birth *Social Security Number* *Phone Number* *Student Email Address*

STEP 2 - Family Information

1) List the people in your parent's household. Include:

- **Yourself and your parent(s)**[including stepparent who lives with you, do not include a non-custodial parent]
- **Your parents' other children**, if (a) your parents will provide **more than half** of their support between July 1, 2018 and June 30, 2019 or (b) the children would be required to provide parental information when applying for Federal Student 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 between July 1, 2018 and June 30, 2019.

Write in the name of all household members in the space(s) below. Also write in the name of the college for any household member, excluding 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 program that leads to a college degree or certificate.

Full Name	Age	Relationship	College
_____	____	Self	Mount Saint Mary College
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____
_____	____	_____	_____

If you need more space, attach a separate sheet.

STEP 3 - Tax Forms

You are required to submit all 2017 Federal IRS Tax Return **Transcripts** for you and your parent(s) with this Verification form to our office. **If you resubmit** your 2019-2020 FAFSA and **use the Data Retrieval Tool** (DRT), **you/your parent(s) are not** required to submit the 2017 Federal IRS Tax Return Transcripts.

If you/your parent(s) **did not use** the IRS Data Retrieval Tool, you can **obtain** a **transcript**, **free** of charge, by requesting a transcript online at www.irs.gov. If you **did not file a tax return**, fill in the information below.

Please note that the Verification process will **NOT** be complete until all required Tax Transcripts are received or the FAFSA is (re)submitted using the data retrieval tool. **Do not submit any state or local tax information.**

STEP 4 - Income Information

If you or your parent(s) **did not file** and are not required to file a 2017 Federal income tax return, check the boxes below that apply:

I (We) did not file and are not required to file a 2017 Federal income tax return.

☐ **You** ☐ **Mother** ☐ **Father**

List below the employer(s) for you and your parent(s) for any income received in 2017. **Use the W-2 form and other earning statements if available.**

Student's Employer	Amount Made	Parent(s) Employer	Amount Made
	$		$
	$		$
	$		$

STEP 5 - Supplemental Nutrition Assistance Program (SNAP) Benefits

Were you and/or your parent(s) eligible to receive SNAP benefits (food stamps) during the 2017 calendar year?

☐ **YES** *(Additional documentation indicating receipt of SNAP benefits may be required.)* ☐ **NO**

STEP 6 - Child Support Paid

Did you and/or your parent(s) pay child support during the 2017 calendar year?

☐ **YES** (*Complete table below. Additional documentation verifying child support paid may be required.* ☐ **NO**

Amount of child support paid	Paid to:	Paid for which child/children
$		
$		

STEP 7 - 2017 Additional Financial Information: (Enter "0" if the answer is "None" – **Do not leave any item blank.**)

Student		Parent(s)
$_____	Educational credits (American Opportunity, Hope and Lifetime Learning tax credits) from IRS Form 1040 – line 50 or 1040A – line 33.	$_____
$_____	Taxable earnings from need-based employment programs, such as Federal Work-Study.	$_____
$_____	Taxable student grant and scholarship aid reported to the IRS in your adjusted gross income. Includes AmeriCorps benefits (awards, living allowance and interest accrual payments), as well as grant and scholarship portions of fellowships and assistantships.	$_____
$_____	Combat pay or special combat pay; only enter the amount that was taxable and included in your adjusted gross income (AGI).	$_____

2017 Untaxed Income: (Enter "0" if the answer is "None" – **Do not leave any item blank.**)

$_____	Payments to tax-deferred pension and 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.	$_____
$_____	IRA deductions and payments to self-employed SEP, SIMPLE, Keogh and other qualified plans from IRS Form 1040 – lines 28 + 32, or 1040A – line 17.	$_____
$_____	Child support received for **ALL** children. Do not include foster or adoption payments.	$_____
$_____	Tax exempt interest income from IRS Form 1040 – line 8b or 1040A – line 8b.	$_____
$_____	Untaxed portions of pensions from IRS Form 1040 – lines 15a minus 15b or 1040a - lines 11a minus 11b. Exclude rollovers. If negative, enter zero here.	$_____
$_____	Housing, food, and other living allowances paid to members of the military, clergy, and other (including cash payments and cash value of benefits). Do not include the value of on-base military housing or the value of a basic military allowance for housing.	$_____
$_____	Veterans non-education benefits – list benefit: _____	$_____
$_____	Other untaxed income not reported above, such as worker's compensation, disability, etc. List source of untaxed income: _____	$_____
$_____	Money received, or paid on your behalf (e.g. bills), not reported elsewhere on this form.	$_____

STEP 8 - Sign This Worksheet

Each person signing this form certifies that all the information reported on this worksheet is complete and correct.

_____ _____
Student Signature *Date*

_____ _____
Parent Signature *Date*

_____ _____
Signature of Person Paying Child Support *Date*

RETURN TO: Mount Saint Mary College, Student Financial Services, 330 Powell Avenue, Newburgh, NY 12550
Email: sfs@msmc.edu **Fax:** 845-569-3302

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