

2018-2019 Verification Form

Your financial aid application has been selected for verification. SUNY Erie must verify the data you reported on your Free Application for Federal Student Aid (FAFSA). Verification of data must be completed prior to SUNY Erie awarding or disbursing financial aid funds. **DO NOT leave any items blank (attach a separate sheet if needed).**

STUDENT INFORMATION

LAST NAME	FIRST NAME	MI	STUDENT ID NUMBER
()			
PHONE NUMBER		DATE OF BIRTH (MM/DD/YYYY)	

FAMILY INFORMATION

Complete the chart using **ONE** of the instructions below – Dependent **OR** Independent

DEPENDENT

If required to give parental information when applying for Federal Student Aid, list the people your parent(s) will support between July 1, 2018 and June 30, 2019. Include:

- Yourself
- Your parent(s)
- Your parent(s) children and other people living with parent(s) if they will provide more than half their support.

INDEPENDENT

List the people that you (and your spouse) will support between July 1, 2018 and June 30, 2019. Include:

- Yourself
- Your spouse
- Your children and other people living with you if you (or your spouse) will provide more than half their support.

FULL NAME <small>(List all family members in household)</small>	AGE	RELATIONSHIP	COLLEGE <small>List only if attending at least half-time between 7/1/18 and 6/30/19, and enrolled in a degree or certificate program.</small>
		SELF	SUNY Erie

DEPENDENT

Current **marital status** of parent(s) listed above: ___ Married/Remarried ___ Divorced or Widowed
 ___ Separated ___ Single (Never Married)
 ___ Not Married but Living Together (biological or adoptive parents)

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TAXABLE INCOME

STUDENT

- Check here if you or your spouse filed or will file a 2016 Federal Income Tax Return. If the IRS Data Retrieval Tool (DRT) was **NOT** used, return to <http://fafsa.gov> to make corrections using the IRS DRT **or** request a Tax RETURN Transcript from www.irs.gov. A signed copy of your 1040X is needed if you or your spouse have amended your 2016 taxes.

PARENT (if Dependent)

- Check here if your parent(s) filed or will file a 2016 Federal Income Tax Return. If the IRS Data Retrieval Tool (DRT) was **NOT** used, return to <http://fafsa.gov> to make corrections using the IRS DRT **or** request a Tax RETURN Transcript from www.irs.gov. A signed copy of your 1040X is needed if your parent(s) have amended their 2016 taxes.

NOTE: Victims of Identity Theft should submit 1) Signed and dated statement indicating that you were a victim of tax-related identity theft and the IRS is aware. 2) IRS Form TRDBV – Tax Return Database View, this can be obtained by calling the IRS’s Identity Protection Specialized Unit (IPSU) at 1-800-908-4490.

NON-TAXABLE INCOME

List all sources of untaxed income received in 2016. Indicate “0” if none received.

STUDENT

- Check here if you or your spouse are not required to file 2016 Federal Income Tax Returns. If you (and/or spouse) did not file a tax return, you will need to request a **Verification of Non-filing** statement using Form 4506-T from the IRS at www.irs.gov.

If you or your spouse worked but did not file taxes, provide a copy of all **2016 W-2’s**.

PARENT (if Dependent)

- Check here if your parent(s) are not required to file 2016 Federal Income Tax Returns. If parent(s) did not file a tax return, you will need to request a **Verification of Non-filing** statement using Form 4506-T from the IRS at www.irs.gov.

If your parent(s) worked but did not file taxes, provide a copy of all **2016 W-2’s**.

DO NOT LEAVE ANY BLANKS. If the answer is zero or no, please write “0” or “No”.

Source	Student/Spouse		Parent(s) (Dependent Student Only)	
W-2 earnings from work (If NO tax return filed)				
401K on W2 boxes 12a through 12d codes D, E, F, G, H, S				
Worker’s Compensation				
Child Support Received (for all children in household)				
Untaxed Pensions				
Other:				
BENEFITS: Did you and/or parent(s) receive	YES	NO	YES	NO
• Public Assistance?	___	___	___	___
• Social Security Insurance?	___	___	___	___
• SNAP (Food Stamps)?	___	___	___	___

CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both. If student is dependent, one parent whose information was reported on the FAFSA must sign and date this form.

Student Signature _____

Date _____

Parent Signature _____

Print Parent Name _____

SUBMIT THIS FORM TO YOUR OFFICE OF FINANCIAL AID

COMPLETE BOTH SIDES OF FORM