

For Office Use Only:
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2016-2017 Verification Worksheet for Federal Student Aid

Your application was selected for review in a process called "Verification". In this process we are required to compare information from your FAFSA application with the information provided on this form and the requested tax documents. The law says we have the right to ask you for this information before awarding Federal Aid. If there are differences between your application information and your financial documents, we will make the appropriate corrections to your FAFSA electronically. FAFSA corrections may result in adjustments to your 2016-2017 financial aid awards. Financial aid awards can be viewed via Stony Brook's on-line SOLAR system at www.stonybrook.edu.

Failure to submit the requested information in a timely manner will result in the cancellation of your 2016-2017 Federal Aid.

A. Student Information:

Last Name	First Name	MI	Stony Brook ID #
Address (include apt. #)	City	State	Zip Code
Date of Birth (mm/dd/yyyy)	Home Phone Number	Student's Cell Phone Number	
Check one: Student will live	<input type="checkbox"/> with parent	<input type="checkbox"/> off campus	<input type="checkbox"/> on campus

B. Family Information:

1. What is your parent's current marital status?

<input type="checkbox"/> Never Married	<input type="checkbox"/> Married or Remarried	<input type="checkbox"/> Divorced or Separated*	Month/Year of status: _____
<input type="checkbox"/> Unmarried and both parents living together (both parents income information is required on this form)		<input type="checkbox"/> Widowed	

* If Divorced/Separated, who is your Custodial Parent? _____
Parents Name
Relationship

If a custodial parent is remarried, their spouse's information is required on this form.

2. List information for all family members in your parent's household, include:

- **Yourself, and your parent(s)**, (including stepparent) even if you do not live with your parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2016, though June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016 – 2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now **live** with your parents **AND** your parents provide more than half of their support, and will continue to do so from July 1, 2016 through June 30, 2017.
- If additional space is needed, please use the back of this form.

Family Member Name	Relationship to Student	Age	University/College Attending at least half time during 2016-2017
	STUDENT (self)		Stony Brook University

3. In 2014 or 2015, did you, your parents, or anyone in your parents' household (listed on previous page) receive benefits from any of the federal benefits programs listed? Check all that apply.

- Supplemental Security Income
 Food Stamps
 Free/Reduced Price Lunch
 TANF
 WIC
 No Benefits

4. As of today, is either of your parents a dislocated worker? YES NO

Note: A person may be considered a dislocated worker if he or she:

- Was laid off or lost a job and is unlikely to return to a previous occupation;
- Was self-employed but is now underemployed due to economic conditions or natural disaster; or is a displaced homemaker. A displaced homemaker is generally a person who previously provided unpaid services to the family (e.g. a stay-at-home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed, and is having trouble finding or upgrading employment
- If a person quits work, generally he or she is not considered a dislocated worker even if, for example, the person is receiving unemployment benefits.

C. Income Information

Tax returns include the 2015 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return.

1. STUDENT MUST CHECK ONE BELOW:

- I filed a 2015 Federal Income Tax Return. *If filed, please skip the rest of this section.*
 I did not work and I did not file in 2015.
 I did not (**and am not required to****) file a 2015 Federal Income Tax Return. **Attach W-2 and/or 1099 and complete box below:**

Employer: _____	Amount Earned: \$ _____
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2. PARENT(S) MUST CHECK ONE BELOW:

- Parent(s) filed a 2015 Federal Income Tax Return. *If filed, please skip the rest of this section.*
 Parent(s) filed a foreign tax return or had income earned outside of the United States. **Please select below.**
 Parent filed a foreign tax return. **Please attach copy with English and U.S. currency conversion.**
 Parent earned income outside of the United States. **Please attach documentation confirming amount earned in 2015.**
 Parent(s) did not (**and are not required to**) file a 2015 Federal Income Tax Return. **Attach W-2 / 1099 and complete box below:**

Employer: _____	Amount Earned \$: _____
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Note: IRS guidelines require you to file a federal tax return if your *net* earnings from self-employment exceed \$400. If reporting self-employment earnings of more than \$400 on this form, please file a 2015 Federal Tax Return and submit a signed copy along with this form.

3. Did you or your parents PAY child support during the year 2015? YES NO

If the answer to the above questions is "yes", list the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support		
Name of Person Whom Child Support was Paid		
Amount Paid in 2015	\$ _____	\$ _____
Names of Children for Whom Support was Paid		

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A statement from the individual receiving the child support certifying the amount of child support to be received; or
- Copies of the child support payment checks or money order receipts

4. Did you or your parents RECEIVE child support during the year 2015? YES NO
 (Do not include foster care or adoption payments)

If the answer to the above question is "yes", please indicate the amount of child support received in 2015. \$ _____

D. Asset Information: Do not leave any blank spaces; if the answer is zero place a \$0 on the line

	Student	Parent(s)
1. As of the date you signed your FAFSA, what was the total current balance in cash and of all savings and checking accounts?	\$ _____	\$ _____

2. As of the date you signed your FAFSA, what was the net worth of investments, (Do not include real estate)? Net worth means current value minus debt.	\$ _____	\$ _____
Examples of investments to be included:		
<ul style="list-style-type: none"> • Stock options • UGMA & UTMA accounts • Mutual Funds • Coverdell savings accounts • Commodities, etc. 	<ul style="list-style-type: none"> • Trust Funds • Money Market Funds • Certificate of Deposit • 529 College Savings Plans • Bonds 	<ul style="list-style-type: none"> • Refund value of 529 prepaid tuition plans • Other securities • Installments and land sale contracts (including mortgages held)

3. Real Estate Investments:				
a. Is the home that your family owns and resides in a multifamily dwelling? (e.g., a portion of your home contains a rental unit)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you answered YES to part 3a, please answer the following questions:				
What is the current market value of the property if sold today? \$ _____	What is the mortgage balance owed on the property? \$ _____	Number of family units in the property? _____		
b. Do you or your parent(s) own real estate other than your primary residence (may be listed on schedule E of 1040 tax form)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
If you answered YES to part 3b, please answer the following questions:				
What is the total current market value of all properties if sold today? \$ _____	What is the total mortgage balances owed on all properties? \$ _____			

	Student	Parent(s)
4. Do you or your parents own a business?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. If you answered YES to number 4, please answer the following questions:		
What type of business do you own? _____	How many full time employees do you have? _____	
As of the date you signed your FAFSA, what was the net worth of your current businesses and/or investment farms**?	\$ _____	\$ _____
** Please include the market value of land, buildings, machinery, equipment, inventory, etc... minus the debt the business or investment farm was used as collateral. Do not include the value of a small business that you (and/or your parents) own and control and has less than 100 full time or full time equivalent employees. Also do not include a family farm that you (and/or your parents) live on and operate.		

E. Signatures Required: (Student and at least one parent must sign) Electronic signatures are not acceptable

<i>By signing this worksheet we certify that all of the information reported is complete and correct.</i>	
_____	_____
STUDENT SIGNATURE	DATE
_____	_____
PARENT SIGNATURE	DATE

Warning: If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Programs in Public Health and Nutrition:

Health Sciences Office of Student Services

Health Sciences Tower Level 2, Room 271 Stony Brook, NY 11794-8276

Telephone: 631-444-2111

Fax: 631-444-6035

hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Student Financial Aid Services

Administration Building Room 180

Stony Brook, NY 11794-0851

Telephone: 631-632-6840

Fax: 631-632-9525

finaid@stonybrook.edu