

**Office for Financial Aid**

**432 Western Avenue**

**Albany, NY 12203**

**Phone: (518) 458-5464**

**Fax: (518) 454-2109**

**Email: finaid@strose.edu**

**2024-2025 DEPENDENT VERIFICATION WORKSHEET**

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that, before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the Office for Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit these forms to the Office for Financial Aid. We may ask for additional information. If you have questions about verification, please contact us as soon as possible so that your financial aid will not be delayed. **Financial Aid cannot be disbursed until the verification process is complete.**

**A. STUDENT INFORMATION**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

**Last Name First Name M.I.**  M.I.

**Saint Rose ID**  M.I.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth**

**Address (include apartment number)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number**

M.I.

**City State ZIP** M.I.

DO NOT LEAVE BLANK

**B. HOUSEHOLD INFORMATION**

**Please list the people in your parent(s)’ household, including**:

* **Yourself and your parent(s)** even if you don’t live with your parent(s). In cases of separation/divorce, list the parent with whom you lived more during the past 12 months. If this parent is remarried, you **must** include your stepparent.
* **Your parent(s)’ other children,** even if they don’t live with your parent(s) **if**: (a) your parents will provide more than half of their support from July 1, 2024 through June 30, 2025, **or** (b) the children would be required to provide parental information when applying for Federal Student Aid.
* **Other people** ***only*** if they live with and receive at least half of their support from your parent(s) and will continue to receive at least half of their support from July 1, 2024 through June 30, 2025.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship to Student** | **Name of College Attending**  **(at least half-time from 7/1/24 – 6/30/25)** |
|  |  | Self | The College of Saint Rose |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**C. STUDENT TAX INFORMATION**

**Please complete one of the following:**

Check here if you **successfully** used the **IRS Data Retrieval Tool** when you completed your FAFSA on the Web. **Attach copies of all your W-2 forms**. **If you are required by the IRS to file a Schedule C or F, please attach a copy.**

Check here if you are attaching a signed copy of your **2022 Signed Federal Tax Return, or IRS Tax Return Transcript,** **and** **all W-2 forms**.

Check here if you will **not** file, and are not required to file, a 2022 Signed Federal Income Tax Return. If you did not file, and are not required to file, list below the sources and amounts of any income you received in 2022 (if any). **Attach** copies of **all** **2022 W-2 forms** or other documentation of income such as 1099 form(s).

|  |  |
| --- | --- |
| **Sources** | **2022 Income** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

**D. PARENT TAX INFORMATION**

**Please complete one of the following:**

Check here if you **successfully** used the **IRS Data Retrieval Tool** when you completed your FAFSA on the Web. **Attach copies of all your W-2 forms**. **If you are required by the IRS to file a Schedule C or F, please attach a copy.**

Check here if you are attaching a copy of your signed **2022 Signed Federal Tax Return, or IRS Tax Return Transcript,** **and** **all** **W-2 forms.**

Check here if you will **not** file, and are not required to file, a 2022 Signed Federal Income Tax Return. If you did not file, and are not required to file, list below the sources and amounts of any income you received in 2022 (if any). **Attach** copies of **all** **2022 W-2 forms** or other documentation of income such as 1099 form(s). **Request your Verification of Non-filing letter at www.irs.gov**

|  |  |
| --- | --- |
| **Sources** | **2022 Income** |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |
| --- |
| * If you have not already used the IRS Data Retrieval Tool, and you completed your 2022 Signed Federal Income Tax Return at least 3 weeks ago, go to www.fafsa.gov, log in to your FAFSA record, select Make FAFSA Corrections, and navigate to the Financial Information section of the form. From there, follow the data retrieval instructions. * If you are unable to utilize the IRS Tax Data Retrieval Tool, a 2022 Tax Return, Tax Return Transcript OR a Verification of Non-filing letter must be submitted. To request a transcript or non-filing letter, please visit www.irs.gov, contact your local IRS office, or call 1-800-908-9946. Do **not** have the IRS send the transcript directly to The College of Saint Rose. |

**E. UNTAXED INCOME**

DO NOT LEAVE BLANK

**Report untaxed income received by you and your parent(s) in the spaces below**. Read each line and provide **annual** amounts from 2022. **Enter $0 for each line that does not apply to you or your parent(s). This worksheet will be returned to you if fields are left blank.**

DO NOT LEAVE BLANK

|  |  |  |
| --- | --- | --- |
| **2022 UNTAXED INCOME – DO NOT LEAVE BLANK** | **Parent(s)** | **Student** |
| Payments to tax-deferred pension and retirement 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.  ***Do not include*** *amounts reported in code DD (employer contributions toward employee health benefits).* | $ | $ |
| Child support **received** for **all** children. **Do not** include foster care or adoption payments. | $ | $ |
| Veterans’ non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances. | $ | $ |
| Housing, food and other living allowances paid to members of the military, clergy and others (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. | $ | $ |
| Other untaxed income not reported elsewhere, such as workers’ compensation, disability, etc. **Do not include** student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, 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 (e.g. bills), not reported elsewhere on this form. This includes money that you received from a parent or other person whose financial information is not reported on this form and that is not part of a legal child support agreement. |  | $ |

**F. OTHER FINANCIAL INFORMATION**

**D**

Read each line below and provide **annual** amounts from 2022. **Enter $0 for each line that does not apply to you or your parents. This worksheet will be returned to you if fields are left blank.**

|  |  |  |
| --- | --- | --- |
| **2022 ADDITIONAL FINANCIAL INFORMATION** | **Parent(s)** | **Student** |
| Taxable financial aid, including earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of assistantships and fellowships. | DO NOT LEAVE BLANK    $ | DO NOT LEAVE BLANK  $ |
| Student grant and scholarship aid **reported to the IRS in your (or your parents’) adjusted gross income**—includes AmeriCorps benefits (awards, living allowances 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. **Do not** include untaxed combat pay. | $ | $ |
| Earnings from work under a cooperative education program offered by a college. | $ | $ |

**G. SIGNATURES**

**D**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent** **Date**

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Submit this completed form and required financial documents to:**

**The College of Saint Rose**

**Office for Financial Aid**

**432 Western Avenue**

**Albany, NY 12203**

**Fax: 518-454-2109**

**Email: finaid@strose.edu**