

**Office for Financial Aid**

**432 Western Avenue**

**Albany, NY 12203**

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

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

**Email: finaid@strose.edu**

**2024-2025 INDEPENDENT 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 spouse, if you are married) 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 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 household, including**:

* **Yourself.**
* **Your spouse,** if you are married**.**
* **Your children**, if you will provide more than half of their support from July 1, 2024 through June 30, 2025, **or** if the child would be required to provide your information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards, even if they do not live with you.
* **Other people, *only*** if they now live with you and you provide more than half of their support and will continue to provide more than 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. TAX INFORMATION**

|  |
| --- |
| * If you have not already used the IRS Data Retrieval Tool, and you completed your 2022 Signed Federal Income Tax Return 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 signed 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.
 |

**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 (and your spouse’s) **2022 Tax Return Transcript, or a Tax Return Transcript,** **and all W-2 forms**.

Check here if you (and if married, your spouse) 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 the sources and amounts of any income you (and your spouse) received in 2021. **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **STUDENT Sources** | **2022 Income** | **SPOUSE Sources** | **2022 Income** |
|  | $ |  | $ |
|  | $ |  | $ |
|  | $ |  | $ |

 **D. 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 spouse, if married. This worksheet will be returned to you if fields are left blank.**

|  |  |
| --- | --- |
| **Student/Spouse** | **2022 ADDITIONAL FINANCIAL INFORMATION**  |
| DO NOT LEAVE BLANK$ | Taxable financial aid, including earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of assistantships and fellowships.  |
| $ | Student grant and scholarship aid **reported to the IRS in your 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. **Don’t** include untaxed combat pay.  |
| $ | Earnings from work under a cooperative education program offered by a college. |

**E. UNTAXED INCOME**

In the spaces below, report **annual** amounts of 2022 untaxed income received by you (and your spouse, if married). **Enter $0 for each line that does not apply to you (or your spouse). This worksheet will be returned to you if fields are left blank.**

|  |  |
| --- | --- |
| **Student/Spouse** | **2022 UNTAXED INCOME**  |
| $ DO NOT LEAVE BLANK | 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. **Don’t 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. SIGNATURES**

**D**

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

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

**Student Date**

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

**Spouse** **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, Attention: Office for Financial Aid, 432 Western Avenue, Albany, NY 12203**

**Fax: 518-454-2109 Email: finaid@strose.edu**