

2012-13 VERIFICATION WORKSHEET
Federal Student Aid Programs

Office of Financial Aid

What is Verification?

Your application was selected by the U.S. Department of Education for review in a process called "Verification". The Office of Financial Aid must compare information from your FAFSA with information you provide on this worksheet and other documents. If there are differences between your application information and the documents you submit, your application may need to be reprocessed. The Office of Financial Aid cannot make any federal financial aid payments available to you or process a student loan request until all verification requirements have been met and the necessary corrections have been made.

What You Should Do:

1. Obtain a **2011 Federal IRS Tax Return Transcript and W-2 forms** for yourself, your spouse (if married) or your parents/step-parent (if dependent). The U.S Department of Education no longer allows a preparer's copy of tax returns to satisfy the Verification requirement. You may order a **TAX RETURN TRANSCRIPT** from the Internal Revenue Service online at www.irs.gov or by phone at 1-800-908-9946. Note: If you used the IRS Data Retrieval tool to transfer your IRS income data to your FAFSA, you may not have to submit the IRS Tax Return Transcript.
2. Fill in and sign this worksheet – you and at least one parent (if dependent) must sign the certification (SECTION D) on page 2 of the worksheet.
3. Review your Student Aid Report (SAR), information request letters from the Financial Aid Office and the second page of this worksheet to see if you need to submit other documentation (such as default clearance letter, citizenship documentation, proof of receipt of food stamps(SNAP), proof of child support paid, social security card, etc.)
4. Submit the completed worksheet, tax return transcripts, and any other documents to the Office of Financial Aid.
5. After a financial aid representative reviews your information, you could be asked to submit additional documentation. When all of the information has been reviewed and any necessary corrections made, you will be notified about your financial aid awards and payments.

A. STUDENT AND FAMILY INFORMATION

Last name	First name	M.I.	Social security number
Address (include apt. #)			Date of birth
City	State	ZIP	Phone number (include area code)

INDEPENDENT STUDENTS: (not required to provide parental income information on the FAFSA) List the people that you (and your spouse) will support between July 1, 2012 and June 30, 2013. Include yourself, your spouse, and your dependent children, even if they do not live with you. Include other people **only** if they now live with you and you provide more than half their support and will continue to provide more than half their support from July 1, 2012 – June 30, 2013.

DEPENDENT STUDENTS: (required to provide parental income information on the FAFSA) List the people that your parents will support between July 1, 2012 and June 30, 2013. Include yourself, your parent(s) (including stepparent) and your parents' other children if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid. Include other people only if they now live with your parents and receive, and will continue to receive, more than half their support from them between July 1, 2012 and June 30, 2013.

Write the names of all household members including **yourself**. Also write the name of the college for any household member, **excluding your parents**, who will be attending college at least half-time between July 1, 2012 and June 30, 2013 and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

NAME	AGE	RELATIONSHIP	COLLEGE	Will be Enrolled at Least Half Time
<i>Example: John Smith</i>	21	SELF	Lehman College	Yes / No

Continued on other side

B. STUDENT'S (AND SPOUSE'S) INCOME & BENEFITS INFORMATION

Check the appropriate boxes below and/or provide the requested information and documents:

- I/we used the IRS Data Retrieval Tool to transfer my/our 2011 income information to the FAFSA and made no further changes to the information. I/we have attached a copy of my/our **W-2 forms**.
- I/we did not (or could not) transfer my/our 2011 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our **2011 IRS Tax Return Transcript(s) and W-2 forms**.
- I/we did not and were not required to file a 2011 Federal Income Tax Return. [Attach your **W-2 and/or 1099 forms** from all sources of earned income. Please list sources and amounts of any earned income received in 2011 for which there is no Form W-2 or Form 1099.]

Employer Name	2011 Amount Earned
	\$
	\$
	\$

- In 2010 or 2011, I/we received **food stamps (SNAP)** benefits. [Attach a copy of your EBT pay history or **proof of receipt of food stamps(SNAP)**]

C. PARENTS' INCOME & BENEFITS INFORMATION

Check the appropriate boxes below and/or provide the requested information and documents:

- I/we used the IRS Data Retrieval Tool to transfer my/our 2011 income information to the FAFSA and made no further changes to the information. I/we have attached a copy of my/our **W-2 forms**.
- I/we did not (or could not) transfer my/our 2011 income information to the FAFSA using the IRS Data Retrieval Tool. I/we have attached a copy of my/our **2011 IRS Tax Return Transcript(s) and W-2 forms**.
- I/we did not and were not required to file a 2011 Federal Income Tax Return. [Attach your **W-2 and/or 1099 forms** from all sources of earned income. Please list sources and amounts of any earned income received in 2011 for which there is no Form W-2 or Form 1099.]

Employer Name	2011 Amount Earned
	\$
	\$
	\$

- In 2010 or 2011, I/we received **food stamps (SNAP)** benefits. [Attach a copy of your EBT pay history or or **proof of receipt of food stamps(SNAP)**]

D. CERTIFICATION

By signing this worksheet, I (we) certify that all information reported to qualify for Federal student aid is complete and correct. (If dependent, at least one parent must sign; if married, spouse's signature is optional)

_____ Student's Signature	_____ Date	_____ Father's Signature	_____ Date
_____ Spouse's Signature	_____ Date	_____ Mother's Signature	_____ Date

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

The Financial Aid Office at Lehman College must review the requested information, under financial aid program rules (34 CFR part 668).

LEHMAN COLLEGE OFFICE OF FINANCIAL AID 2012-2013 I.S.I.R. CORRECTION CERTIFICATION STATEMENT

NAME: _____ S.S.#: _____ DOB: _____
Last First

CERTIFICATION STATEMENT ON REFUNDS AND DEFAULTS

Any changes requested by me via this Institutional Student Aid Report Change Form are true and complete to the best of my knowledge. If asked, I agree to provide information that will verify the accuracy of my completed form. This information may include my U.S. or state income tax forms. Also I certify to the following:

- (1) Any federal and/or state student financial aid will be used only to pay the cost of attending an institution of higher education.
- (2) I will not receive a Federal Pell Grant for more than one school for the same period of time.
- (3) I am not in default of a federal student loan or have made satisfactory arrangements to repay it.
- (4) I do not owe money on a federal student grant or have made satisfactory arrangements to repay it.
- (5) I will notify my school if I default on a federal student loan.
- (6) I understand that the **Secretary of Education has the authority to verify information reported on the application with Internal Revenue Service.**

I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison or both.

Student: _____ Date: _____

Parent: _____ Date: _____

Additional Counselor Notes:

Do not write below---Office of Financial Aid Use Only---Do not write below---Office of Financial Aid Use Only---Do not write below---Office of Financial Aid Use Only

COUNSELOR'S NOTES

VERIFIED: _____ WEB: _____ LAP: _____ LWP: _____

REQUEST: _____ DRN#: _____

COUNSELOR'S SIGNATURE

DATE

PELL COORDINATOR'S NOTES

New Trans#: _____

Old EFC: _____ New EFC: _____

Input Processing Date: ____/____/____

Initials: _____