 Gather your tax form copies for 2015; you verification reviews may take between 6 You must submit your documents within timeframe may result in the cancellation balance due accordingly. Please consult counselor requests for additional inform Please PRINT your responses below 	ou may ne to 8 week not all need our office nation will a	eed to refer to them the ks for processing once the form your officied based aid, and the policies for ramificat appear on Self-Serv	to complete que te all the docun ial notice date. e student will be ions of a past d	estions on this form. nents have been received. Failure to comply within this e responsible for the larger due tuition balance.
♦SECTION A: Household Information	1			
 Independent Students: Check any criteria O Born before 1/1/93 O Married supporting a dependent who lives with yemancipated minor/legal guardianship director of youth/homeless center In the chart below, list the people in your house Yourself, and your spouse if you have one Your children, if you will provide more the Other people if they now live with you, from July 1, 2016 through June 30, 201 	O Master you O fo O Unaccor sehold, incl ne; han half of and you pr	o's degree O Ver oster care/ward of companied youth/home luding:	teran status C urt O state o eless status by s uly 1, 2016 to .	O Supporting your child; court designation as school district, US HUD, or June 30, 2017; and
 Dependent Students (If you were required to list parent information on the FAFSA) In the chart below, list the people in your parent(s)' household, including: Yourself and your parent(s) – include stepparent, if applicable Your siblings, including parent(s)' other children if your parent(s) provides more than half of their support from July 1, 2016 – June 30, 2017, even if they do not live with your parent(s). Other people who currently live with your parents, receive more than half of their support, and will continue to receive more than half of their support from your parent(s) from July 1 2016 – June 30, 2017. 				
receive more than half of their support f	rrom your	pareni(s) from July 1	. 2016 – June 3	30, 2017.
receive more than half of their support f	Age	Relationship to Student	✓ if parents provide >	Name of College if Currently Attending*
•	,	Relationship to	✓ if parents	Name of College if
•	,	Relationship to Student	✓ if parents provide >	Name of College if Currently Attending*
•	,	Relationship to Student	✓ if parents provide >	Name of College if Currently Attending*
•	,	Relationship to Student	✓ if parents provide >	Name of College if Currently Attending*
•	,	Relationship to Student	✓ if parents provide >	Name of College if Currently Attending*
•	Age ber who will y 1, 2016, ar	Relationship to Student SELF I be enrolled at least half and June 30, 2017. Attach	√ if parents provide > 50% support time in a degree, dependent of the control o	Name of College if Currently Attending* MANHATTAN COLLEGE liploma, or certificate program at a more space is needed.
Full Name Full Name Include college name for any non-parent household mem postsecondary educational institution any time between Jul SECTION B: Parents' Marital Status	ber who will by 1, 2016, ar Complete thot sufficient	Relationship to Student SELF I be enrolled at least half and June 30, 2017. Attach tus when you filed you married O Separately documented we matter the proof of Parental Styly docume	time in a degree, de another sheet if the cour 2016-2017 It that a degree of the cour 2016-2017 It that are described to the cour 2016-2017 It that are described to the court and the court are described to the	Name of College if Currently Attending* MANHATTAN COLLEGE diploma, or certificate program at a more space is needed. FAFSA (Select one): orced O Widowed The separations must be verified
Include college name for any non-parent household mem postsecondary educational institution any time between Jul SECTION B: Parents' Marital Status O Single/Never Married O Married If Single/Never Married or Separated, you must as legal/physical and financial. If these criteria are n	ber who will by 1, 2016, ar O Ren complete thot sufficient ach year if so	Relationship to Student SELF I be enrolled at least half and June 30, 2017. Attach tus when you filed you married O Separatly documented we man selected for verification cree from the most research.	time in a degree, de another sheet if our 2016-2017 leated O Division of the property have to include the control of the contr	Name of College if Currently Attending* MANHATTAN COLLEGE Inploma, or certificate program at a more space is needed. FAFSA (Select one): orced O Widowed The comparison of the comparison of the comparison of the college in the

STUDENT NAME: _____ CAMPUS ID# 000______

2016-2017 FAFSA Verification Form

CAMPUS ID)# UUU
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♦ **SECTION E: Child Support Paid** Did any parent listed in *Section A* above, or yourself, the student, **pay** child support in 2015?

O Yes – complete the table below. Attach documentation for the total amount of child support paid in 2015.

O No, no one in the household paid child support

Name of Person Who Paid Child Support	Name of Person To Whom Child Support Was Paid	Name of Child For Whom Support Was Paid	Age of Child For Whom Support Was Paid	Amount of Child Support Paid in 2015
				\$
				\$
				\$

STUDENT NAME:	 CAMPUS ID# 000

♦SECTION F: Untaxed Income for Parent(s) and/or Student

Did any household member listed in *Section A* above, or yourself, the student, receive SNAP benefits or Food Stamps in 2014, 2015, or both years?

- O Yes, someone in the household did. Attach the household's annual SNAP earnings statement for 2015.
- O No, no one in the household did

List all sources of untaxed income below. Attach annual earnings statements for 2015 where requested.

		√ if none		✓ if
Annual Sources of 2015 Untaxed Income Amount	Student		Parent	none
Supplemental Nutrition Assistance Program (SNAP, Food Stamps)				
Attach statement from issuing agency.	\$		\$	
Payments to tax-deferred pension/savings plans (Box 12 on W-2)				
Attach statement from issuing agency.	\$		\$	
Total of child support RECEIVED BY YOU for all children	\$		\$	
Living allowances (military, clergy, other)	\$		\$	
Veterans' non-education benefits	\$		\$	
Money received or paid on your behalf (e.g., gifts, bills)	\$		\$	
Other untaxed income (e.g. workers' compensation, soc. sec. disability)	\$		\$	

Real Estate Asset Information:

Please enter the amounts listed on Line number 17 of your 1040:	(If none, enter -0-)
If you own rental real estate property other than your primary, single-home residence	, complete the table below.
Attach a copy of 2015 Schedule E from your federal tax return. Attach another sheet	for additional properties.

Asset Address	Year Acquired	Purchase Price	Current Market Value	Mortgage Balance Remaining
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

♦SECTION G: Certification and Signatures – Student & Parent

The student and one parent (for dependent students) must sign below, certifying the accuracy of the information provided on this form.

By signing this worksheet, I/we certify that all information reported on it is true and correct. If I receive financial aid based on false or misleading information, I may lose financial aid or repay financial aid for current and previous years and possibly forfeit my right to future financial aid applications. If you purposely give false or misleading information on this worksheet, you may be reported to the federal Office of Inspector General and to the Dean of Students.

Students.	
Student Signature / Date	Payont Signature / Date
Student Signature / Date	Parent Signature / Date

PLEASE RETURN ALL FORMS AND DOCUMENTATION TO: (Mail, Email or Fax)

Email to verification@manhattan.edu preferred – scan as PDF; include the student's last name and ID in the filename.