| Please carefully read, refer to the instructions, and access our website for useful guidance and tips. Gather your tax form copies for 2015; you may need to refer to them to complete questions on this form. Verification reviews may take between 2 to 3 weeks for processing once all the documents have been received. You must submit your documents within three weeks from your official notice date. Failure to comply within this timeframe may result in the cancellation of all need-based aid, and the student will be responsible for the larger balance due accordingly. Please consult our office policies for ramifications of a past due tuition balance. Counselor requests for additional information will appear on Self-Service>Financial Aid>Follow-up, and email. Please PRINT your responses below in blue or black ink. | | | | |
|---|---|---|--|---|
| ♦SECTION A: Household Information | | | | |
| Independent Students: Check any criteria O Born before 1/1/94 O Married supporting a dependent who lives with yemancipated minor/legal guardianship director of youth/homeless center | below tha O Master ou O fo | r's degree O Vet oster care/ward of co | eran status C urt O state o | Supporting your child; court designation as |
| In the chart below, list the people in your hous | | luding: | | |
| Yourself, and your spouse if you have or Your children, if you will provide more the Other people if they now live with you, a from July 1, 2017 through June 30, 2018 | nan half of and you p | | | |
| 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, 2017 – June 30, 2018, 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 2017 – June 30, 2018. | | | | |
| receive more than hair of their support f | rom your | parent(s) from July 1 | 2017 – Julie 3 | 0, 2018. |
| Full Name | Age | Relationship to Student | ✓ if parents provide > 50% support | Name of College if Currently Attending* |
| | · | Relationship to | ✓ if parents provide > | 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* |
| | · | Relationship to Student | ✓ if parents provide > | Name of College if Currently Attending* |
| | Age | Relationship to Student SELF | ✓ if parents provide > 50% support | Name of College if Currently Attending* MANHATTAN COLLEGE liploma, or certificate program at a |
| Full Name Full Name Include college name for any non-parent household members. | Age ber who wil y 1, 2016, a | Relationship to Student SELF I be enrolled at least half and June 30, 2017. Attach | ✓ if parents provide > 50% support | Name of College if Currently Attending* MANHATTAN COLLEGE Liploma, or certificate program at a more space is needed. FAFSA (Select one): |
| Full Name Include college name for any non-parent household mem postsecondary educational institution any time between Jul. \$\Delta SECTION B: Parents' Marital Status | her who will y 1, 2016, a Their sta O Rer complete the ot sufficient | Relationship to Student SELF I be enrolled at least half and June 30, 2017. Attach tus when you filed you married O Separate Proof of Parental Styly documented we ma | if parents provide > 50% support ime in a degree, definition of the control of t | Name of College if Currently Attending* MANHATTAN COLLEGE Itiploma, or certificate program at a more space is needed. FAFSA (Select one): orced O Widowed 11. Separations must be verified |
| Include college name for any non-parent household memi 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 not separated. | Age ber who will y 1, 2016, a Their sta O Rer complete the ot sufficient ach year if | 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 man selected for verification. Cree from the most re | if parents provide > 50% support sime in a degree, department in a degree in | 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 separations must be verified to both parents' income, even if a seceeding. Check here if a |

2017-2018 FAFSA Verification Form

STUDENT NAME:

| TUDENT NAME: | CAMPUS ID | # 000 |
|---|--|--|
| SECTION C: Student Federal Income: One of Tax Return Filers — For students who filed a 2015 federal I, the student, used the IRS Data Retrieval Tool in Fig I, the student, am unable or choose not to use the Income a photocopy of the income of issued 2015 W-2 wage statements from | I tax return (1040, 1040A, 1040EZ). AFSA to verify my 2015 income. RS Data Retrieval Tool in FAFSA ncome tax return; order a transc | A. <mark>Attached is my 2015</mark> |
| Tax Return Non-Filers – Complete the table below. rom all employers. Attach another sheet if more space is I, the student, was not employed and had no incon I, the student, was employed in 2015. Listed below from each, even those who did not issue a W-2 form | Attach copies of issued 2015 in needed. The earned from work in the caler are the names of my employer(| ndar year 2015. |
| Employer's Name | 2015 Amount Earned | IRS W-2 Copy Attached? |
| | \$ | O Yes O Not Issued |
| | _ | O Yes |
| | \$ | |
| SECTION D: Parent Federal Income: One opt | ion must be checked below | O Not Issued O Yes O Not Issued , as a Filer or Non-Fil |
| ax Return Filers – For students who filed a 2014 federa I/We, the parent(s), used the IRS Data Retrieval To I/We, the parent(s), is unable/choose not to use the IRS Tax Return Transcript – not a photocopy of copies of issued 2015 W-2 wage statements from ax Return Non-Filers – Complete the table below. Tom all employers. Attach another sheet if more space is I/We, the parent(s), was not employed and had no I/We, the parent(s), was employed in 2015. Listed earned from each, even those who did not issue a | ion must be checked below. I tax return (1040, 1040A, 1040EZ). I in FAFSA to verify my 2015 ince IRS Data Retrieval Tool in FAFS the income tax return; order a ten all employers Attach copies of issued 2015 income earned from work in the below are the names of my employer form. | O Not Issued O Yes O Not Issued , as a Filer or Non-File come. A. Attached is my 201 ranscript from irs.gov. At E calendar year 2015. bloyer(s) and the amount IRS W-2 Copy |
| AX Return Filers — For students who filed a 2014 federa I/We, the parent(s), used the IRS Data Retrieval To I/We, the parent(s), is unable/choose not to use the IRS Tax Return Transcript — not a photocopy of copies of issued 2015 W-2 wage statements from AX Return Non-Filers — Complete the table below. om all employers. Attach another sheet if more space is I/We, the parent(s), was not employed and had no I/We, the parent(s), was employed in 2015. Listed | ion must be checked below. I tax return (1040, 1040A, 1040EZ). I tax return (1040, 1040A, | O Not Issued O Yes O Not Issued , as a Filer or Non-File come. Attached is my 201 ranscript from irs.gov. At SW-2 wage statement e calendar year 2015. bloyer(s) and the amount IRS W-2 Copy Attached? O Yes |
| ax Return Filers – For students who filed a 2014 federa I/We, the parent(s), used the IRS Data Retrieval To I/We, the parent(s), is unable/choose not to use the IRS Tax Return Transcript – not a photocopy of copies of issued 2015 W-2 wage statements from ax Return Non-Filers – Complete the table below. Tom all employers. Attach another sheet if more space is I/We, the parent(s), was not employed and had no I/We, the parent(s), was employed in 2015. Listed earned from each, even those who did not issue a | ion must be checked below. I tax return (1040, 1040A, 1040EZ). I in FAFSA to verify my 2015 ince IRS Data Retrieval Tool in FAFSE the income tax return; order a tax all employers Attach copies of issued 2015 income earned from work in the below are the names of my employers. 2015 Amount Earned | O Not Issued O Yes O Not Issued , as a Filer or Non-File come. Attached is my 201 ranscript from irs.gov. At SW-2 wage statement e calendar year 2015. bloyer(s) and the amount IRS W-2 Copy Attached? |

| 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 pai | d child support |

| Name of Perso Child Sup | 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. | Office of Inspector General and to the Dean of |
|--------------------------|--|
| Student Signature / Date | Parent Signature / Date |

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

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