



For Office Use Only:
Posted: _____

2007-2008 Verification Worksheet for Federal Student Aid

Your application was selected for review in a process called "Verification". In this process we are required to compare information from your FAFSA application with the information provided on this form and the requested tax documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, we will make the appropriate corrections to your FAFSA electronically. FAFSA corrections may result in adjustments to your 2007-2008 financial aid awards. Financial aid awards can be viewed via Stony Brook's on-line SOLAR system at www.stonybrook.edu.

Failure to submit the requested information in a timely manner will result in the cancellation of your 2007-2008 federal aid.

A. Student Information

| | | | | |
|----------------------------|-------------------|-----------------------------|------------------|----------|
| _____ | _____ | _____ | _____ | |
| Last name | First name | M.I. | Stony Brook ID # | |
| _____ | | _____ | _____ | _____ |
| Address (include apt. #) | | City | State | Zip Code |
| _____ | (_____)_____ | (_____)_____ | _____ | |
| Date of Birth (mm/dd/yyyy) | Home Phone Number | Student's Cell Phone Number | | |

B. Dependency Information

- Were you born before January 1, 1984? YES NO
- Are you a Graduate Student for 2007-2008? YES NO
- Are you married? YES NO
- Do you have children **who receive more than half of their support from you** (If you receive money for your child from any source other than your parent(s), such as child support, or support from government programs you may count this as part of your support for the child.)?
 YES
 NO (If you and your child reside with your parent(s), you should answer **No** to this question)
- Do you have dependents (other than spouse or children) **that live with you and receive more than half of their support from you** now, and will continue through June 30, 2008? YES NO
- Are both of your parents deceased, or are you (or were you until age 18) a ward/dependent of the court?
 YES NO
- Are you a veteran of the U.S. Armed Forces? YES NO

Please check box for either Dependent or Independent:

- (INDEPENDENT)** If you answered YES to ANY question in section B you are considered Independent for Federal financial aid purposes.
- (DEPENDENT)** If you answered NO to ALL questions in section B you are considered Dependent for Federal financial aid purposes.

Dependent Students: What is your parent's current marital status?

- Married/Remarried Single
- Widowed _____ Month/Year Divorced/Separated* _____ Month/Year of status

* If Divorced/Separated, who is your Custodial Parent? Mother Father
 (If a custodial parent is remarried, their spouse's information is required on this form)

C. Family Information

Dependent Students: List information for all family members in your parent's household, include:

- **yourself, and your parent(s)** (including stepparent) even if you do not live with your parents.
- your parents' other children if your parents will provide more than half of their support from July 1, 2007, through June 30, 2008, or if the children would answer 'NO' to all of the questions in section B of this form.
- other people if they now live with your parents, your parents provide more than half of their support, and will continue to do so from July 1, 2007 through June 30, 2008.

Independent Students: List information for all family members in your household, include:

- **yourself, and your spouse** if you have one
- **your children**, if you provide more than half of their support
- other people, if they live with you and you provide more than half of their support and will continue to do so through June 30, 2008.

| Family Member Name | Relationship to Student | Age | University/College Attending at least half time during 2007-2008 | Received Federal Benefits in 2006 From Supplemental Security Income, Food Stamps, Free or Reduced Price Lunch, TANF, or WIC? |
|--------------------|-------------------------|-----|--|--|
| | STUDENT (self) | | Stony Brook University | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

D. TAX FORMS AND INCOME INFORMATION

1. Tax returns include the 2006 IRS Form 1040, 1040A, 1040EZ, TeleFile Tax Record, a tax return from Puerto Rico or a foreign income tax return. If you did not keep a copy of your tax return, request a copy from your tax preparer or a copy of an Internal Revenue service form that lists tax account information. **If you are required to file a 2006 federal income tax return, but have not yet done so you cannot proceed with this verification worksheet until the appropriate 2006 federal income tax return is filed.**

STUDENT MUST CHECK ONE BOX BELOW:

- I have filed a 2006 federal income tax return. **Attach signed tax return (including all tax forms and schedules) and W-2 forms.**
- I did not file and am **not required to file** a 2006 federal income tax return. Attach a copy of all W-2 forms received.

PARENT(S) (OF DEPENDENT STUDENTS) MUST CHECK ONE BOX BELOW:

- Parent(s) have filed a 2006 federal income tax return. **Attach signed tax return (including all tax forms and schedules) and W-2 forms.**
- Parent(s) did not file **and are not required** to file a 2006 federal income tax return. Attach a copy of all W-2 forms received.

2. If you or your parent (for dependent students) did **not** file a 2006 federal income tax return and **worked**, list below your employer(s) and any income received in 2006 (use the W-2 form or other earnings statements if available).

| Name of Family Member/Earner | \$ Earned From 1/1/2006 -12/31/2006 | Source of Income/Employer |
|------------------------------|-------------------------------------|---------------------------|
| | | |
| | | |
| | | |

Be sure to submit all applicable tax returns and W-2 forms to avoid processing delays!

E. FAFSA Worksheets

Complete the following worksheets using annual amounts from calendar year 2006. Both student as well as parent(s) sections (for dependent students) must be completed. **Do not leave fields blank, report zero amounts as 0.**

Amounts from Jan. 1, 2006 – Dec. 31, 2006

Worksheet A

| | Parent(s): | Student: |
|--|------------|----------|
| Welfare benefits received, including Temporary Assistance for Needy Families (TANF). Don't include food stamps or subsidized housing. | \$ _____ | \$ _____ |
| Social Security benefits received, for all household members as reported in section C of this form, that were not taxed (such as SSI). | \$ _____ | \$ _____ |

Worksheet B

| | Parent(s): | Student: |
|---|------------|----------|
| Child support you received for all children. Don't include foster care or adoption payments. | \$ _____ | \$ _____ |
| Housing, food, and other living allowances paid to members of the military, clergy, and others (including cash payments and cash value of benefits). | \$ _____ | \$ _____ |
| Veterans' non-education benefits received such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. | \$ _____ | \$ _____ |
| Any other untaxed income or benefits received not reported elsewhere on this form or on your federal tax return, such as workers' compensation, untaxed portions of railroad retirement benefits, Black Lung Benefits, disability, etc. Don't include student aid, Workforce Investment Act educational benefits, or benefits from flexible spending arrangements, e.g., cafeteria plans. | \$ _____ | \$ _____ |
| Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form or on your federal tax return. | XXXXXX | \$ _____ |

Worksheet C

| | Parent(s): | Student: |
|--|------------|----------|
| Child support you paid because of divorce or separation or as a result of a legal requirement. Don't include support for children in your (or your parents') household, as defined in section C of this form. | \$ _____ | \$ _____ |
| Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships. | \$ _____ | \$ _____ |
| If you (or your parent's) reported scholarship or grant aid that exceeded your cost of tuition, as part of your earnings on your (or your parent's) tax return, including AmeriCorps benefits (awards, living allowances, and interest accrual payments), as well as grant or scholarship portions of fellowships and assistantships, please indicate the amount reported. | \$ _____ | \$ _____ |

F. Asset Information

Do not leave blank spaces; if the answer is zero place a 0 on the line.

- | | STUDENT/
SPOUSE (IF
MARRIED) | PARENT (OF
DEPENDENT
STUDENTS) |
|--|------------------------------------|--------------------------------------|
| 1. As of the date you signed your FAFSA, what was the total current balance in cash and of all savings and checking accounts? | \$ _____ | \$ _____ |
| 2. As of the date you signed your FAFSA, what was the net worth of investments, including real estate (Do not include the value of the home you live in)? Net worth means current value minus debt. | | |
| Examples of investments to be included: | \$ _____ | \$ _____ |

- | | | |
|------------------------------|--|---|
| ▪ Stock options | ▪ Trust funds | ▪ Real estate other than your primary residence |
| ▪ UGMA & UTMA accounts | ▪ Money Market Funds | ▪ Bonds |
| ▪ Mutual Funds | ▪ Certificates of Deposit | ▪ Other securities |
| ▪ Coverdell savings accounts | ▪ 529 college savings plans | ▪ Refund value of 529 state prepaid tuition plans |
| ▪ Commodities, etc | ▪ Installments and land sale contracts (incl. mtges. held) | |

3. Is the home that your family owns and resides in a multifamily dwelling? yes no n/a

If you answered yes to question 3, please answer the following questions:

| | | |
|--|---|---|
| What is the current market value of the property if sold today? \$ _____ | What is the mortgage balance owed on the property? \$ _____ | Number of family units in the property? _____ |
|--|---|---|

- | | STUDENT/
SPOUSE (IF
MARRIED) | PARENT (OF
DEPENDENT
STUDENTS) |
|---|--|--|
| 4. Do you or your parents own a business? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. If you answered yes to number 4: _____ | What type of business do you own? _____ | # of full-time employees _____ |
| 6. As of the date you signed your FAFSA, what was the net worth of your current businesses and/or investment farms**? | \$ _____ | \$ _____ |

** Please include the market value of land, buildings, machinery, equipment, inventory, etc...minus the debt for which the business or investment farm was used as collateral. Do not include the value of a small business that you (your spouse and/or parents) own and control and has 100 or fewer full time or full time equivalent employees. Also, do not include a family farm that you (your spouse and/or parents) live on and operate.

G. Sign this Worksheet (Verification will not be completed without signatures)

Student and at least one parent (if student is a dependent student) must sign.

By signing this worksheet we certify that all of the information reported is complete and correct.

| | |
|---------|------|
| Student | Date |
| Parent | Date |

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, sent to prison, or both.

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

School of Medicine

Office of Student Affairs
HSC Level 4, Room 147
Stony Brook, NY 11794-8436
Telephone: 631-444-2341
Fax: 631-444-8921
mallen@notes.cc.sunysb.edu

School of Dental Medicine

Office of Academic Affairs, Admissions
115 Rockland Hall, Financial Aid
Stony Brook, NY 11794-8709
Telephone: 631-632-3027
Fax: 631-632-7130
Deborah.Schade@stonybrook.edu

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health

Health Sciences Center Office of Student Services
HSC Level 2, Room 271
Stony Brook, NY 11794-8276
Telephone: 631-444-2111
Fax: 631-444-6035
hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Student Financial Aid Services
Administration Building Room 180
Stony Brook, NY 11794-0851
Telephone: 631-632-6840
Fax: 631-632-9525
finaid@stonybrook.edu