STUDENT NAME:			CAMPUS ID#	: 000
2021-2022	FAFS	SA Verifica	tion For	m
 Please carefully read, refer to the instruction Gather your tax form copies for 2019; your verification reviews may take between 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 no 2 to 3 we three w n of all no our office nation will	eed to refer to then teks for processing reeks from your off teed-based aid, and policies for ramific appear on Self-Se	n to complete que once all the doc icial notice date. the student will ations of a past of	estions on this form. cuments have been received. Failure to comply within this be responsible for the larger due tuition balance.
♦ SECTION A: Household Information				
 Independent Students: Check any criteria O Born before 1/1/98 O Married supporting a dependent who lives with emancipated minor/legal guardianship director of youth/homeless center In the chart below, list the people in your house 	O Master h you O Unacco	or's degree O O foster care/ward Ompanied youth/ho	Veteran status d of court C	O Supporting your child; o state court designation as
 Yourself, and your spouse if you have on Your children, if you will provide more the Other people if they now live with you, of from July 1, 2021 through June 30, 202 	ne; han half of and you p	f their support from		
 Dependent Students (If you were required in the chart below, list the people in your parent of Yourself and your parent(s) – include stee in Your siblings, including parent(s) other July 1, 2021 – June 30, 2022, even if the other people who currently live with your receive more than half of their support in the chart of the control of the control of the control of the chart of th	nt(s)' housepparent, r children ey do not our parent	sehold, including: if applicable if your parent(s) p live with your pare s, receive more th	rovides more thant(s). an half of their solution 1 2021 – June 3	an half of their support from support, and will continue to
Full Name	Age	Relationship t Student	o ✓ if parents provide > 50% support	Name of College if Currently Attending*
		SELF		MANHATTAN COLLEGE
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 O	-	•	•	
o single/ Nevel Flamed of Flamed o	remain	ed O Separate	a O Divorce	u O Widowed
If Single/Never Married or Separated , you must as legal/physical and financial. If these criteria are n taxes were filed separately. This form must be filed e	ot sufficien	tly documented we r	nay have to includ	m. Separations must be verified le both parents' income, even if
If Divorced, you must provide a full copy of the divorce decree is already on file with our office. We unless the divorce decree is revised in any way.	l <mark>ivorce de</mark> e will only	cree from the most request this once th	recent divorce pro proughout your en	oceeding. Check here if a rollment at Manhattan College,
If Widowed , you must provide a copy of your spou We will only request this once throughout your enrolled			here if this is	already on file with our office.

Federal Tax Return (signed) and all complete	the INS Data Netheral 1001 III	FAFSA. Attached is my 20
statements from all employers	<mark>d schedules</mark> . Include copies	s of issued 2019 W-2 wa
ax Return Non-Filers - Complete the table belo	ow. Attach copies of issued	2019 W-2 wage stateme
I, the student, was employed in 2019. Listed below from each, even those who did not issue a W-2 for	rm.	r(s) and the amount earned
		A
Employer's Name	2019 Amount Earned \$	Attached Copy of W-2 O Yes
Employer's Name		O Yes O Not Issued O Yes
Employer's Name	\$	O Yes O Not Issued
	\$ \$ \$	O Yes O Not Issued O Yes O Not Issued O Yes O Not Issued
-SECTION D: Parent Federal Income: One op ax Return Filers – For Parents who filed a 2019 federa I/We, the parent(s), used the IRS Data Retrieval T I/We, the parent(s), is unable/choose not to use the Federal Tax Return (signed) and all completed.	\$ \$ stion must be checked belowed tax return (1040). Sool in FAFSA to verify my 2018 in EIRS Data Retrieval Tool in FAF	O Yes O Not Issued O Yes O Not Issued O Yes O Not Issued T, as a Filer or Non-Filer: Income. FSA. Attached is my 2019

CAMPUS ID# 000

STUDENT NAME: _____

Tax Return Non-Filers – Complete the table below. **Attach copies of issued 2019 W-2 wage statements from all employers.** Attach another sheet if more space is needed.

- __ I/We, the parent(s), was not employed and had no income earned from work in the calendar year 2019.
- _____ I/We, the parent(s), was employed in 2019. Listed below are the names of my employer(s) and the amount earned from each, even those who did not issue a W-2 form.

[If you did not file taxes, please note a verification of non-filing letter is required from the IRS and it is not an indication of whether filing was required for the year]

Employer's Name	2019 Amount Earned	IRS W-2 Copy Attached?
	\$	O Yes O Not Issued
	\$	O Yes O Not Issued
	\$	O Yes O Not Issued

♦ SECTION E: Child Support Paid Did any parent listed in *Section A* above, or yourself, the student, **pay** child support in 2019?

O Yes – complete the table below. Attach documentation for the total amount of child support paid in 2019.

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	•	
			\$
			\$
			\$

STUDENT NAME:		CAMPUS	S ID# 00	00		
If more space is needed, please attach separate page.		_				
♦SECTION F: Untaxed Income for Parent(s	and/or	Student				
Did any household member listed in <i>Section A</i> above, or y			e SNAP be	nefits or	Food St	amps in
2019?						рс
O Yes, someone in the household did. Attach the house	ehold's ann	nual SNAP ear	rnings sta	tement f	or 201	<mark>.9.</mark>
O No, no one in the household did						
List all sources of untaxed income below. Attach annual ear	rnings staten	nents for 2019		ested.		1.00
Annual Sources of 2019 Untaxed Income Amount		Student	√ if none	Par	ent	√ if none
Supplemental Nutrition Assistance Program (SNAP, Fo	ood Stamps)					
Attach statement from issuing agency.	. ,	\$		\$		
Payments to tax-deferred pension/savings plans (Box	12 on W-2)					
Attach statement from issuing agency.	\$		\$			
Living allowances (military, clergy, other)	Total of child support RECEIVED BY YOU for all children			\$		1
Veterans' non-education benefits		\$			\$	
	۵۱	\$		\$		
Money received or paid on your behalf (e.g., gifts, bill: Other untaxed income (e.g. workers' compensation		\$		\$		
disability)	1, 300. 300.	s		\$		
Attach a copy of 2019 Schedule E and Schedule 1 from Asset Address **(Attach another sheet for additional properties)	Year Acquired	Purchase Price			Mortgage Balance Remaining	
		\$				
		\$	\$		\$	
		\$	\$		\$	
					T	
♦SECTION G: Certification and Signatures – S	Student &	\$			T	
The student and one parent (for dependent students)		\$ Parent	\$	racy of t	\$	ormation
		\$ Parent	\$	racy of t	\$	ormation
The student and one parent (for dependent students) provided on this form. By signing this worksheet, I/we certify that all information	must sign b	\$ Parent elow, certifying	\$ s the accu	If I recei	\$ the info	ncial aid
The student and one parent (for dependent students) provided on this form.	must sign b in reported c ial aid or rep	\$ Parent elow, certifying on it is true an oay financial aid	s the accurate correct.	If I recei t and pre	\$ the info	ncial aid ears and
The student and one parent (for dependent students) provided on this form. By signing this worksheet, I/we certify that all information based on false or misleading information, I may lose finance.	must sign b in reported c ial aid or rep s. If you pu	\$ Parent elow, certifying on it is true an oay financial aid rposely give	\$ g the accurate correct.	If I recei t and pre iisleadin	\$ the info	ncial aid ears and r mation
The student and one parent (for dependent students) provided on this form. By signing this worksheet, I/we certify that all informatio based on false or misleading information, I may lose finance possibly forfeit my right to future financial aid applications on this worksheet, you may be reported to the fee	must sign b in reported c ial aid or rep s. If you pu	Parent elow, certifying on it is true an oay financial aid rposely give	\$ g the accurate correct.	If I recei t and pre iisleadin I and to	\$ the info ve final vious ye g infor the I	ncial aid ears and r mation
The student and one parent (for dependent students) provided on this form. By signing this worksheet, I/we certify that all information based on false or misleading information, I may lose finance possibly forfeit my right to future financial aid applications on this worksheet, you may be reported to the festudents.	must sign b on reported c sial aid or rep s. If you pu ederal Offic	Parent elow, certifying on it is true an oay financial aid rposely give is e of Inspector	\$ s the accurate of correct. If for current false or mor General rent Signal	If I recei t and pre iisleadin I and to	\$ the info ve final vious ye g infor the I	ncial aid ears and r mation

Manhattan College ♥ Financial Aid Administration ♥ 4513 Manhattan College Parkway ♥ Riverdale, NY 10471 Phone: (718) 862-7100 Fax: (718)-862-8027 Web: www.manhattan.edu/finaid