



DEPENDENT

INDEPENDENT

2019-2020 Verification Worksheet

Student Name _____

CCM ID# _____

*Your application was selected for review in a process called "Verification". Verification is a process governed by Federal and/or State regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate. In this process, County College of Morris will compare information from your 2018-19 FAFSA with this form, and copies of **2017 IRS Federal Income Tax Return Transcripts, W-2's** from all employers and other additional documents requested. Information retrieved using the Internal Revenue Service (IRS) Data Retrieval Process and not subsequently changed, is considered acceptable documentation for IRS-related information and your Federal Tax Return Transcript will not be required.

The law requires us to ask for this information before awarding Federal aid. If there are differences between your application information and your financial documents, County College of Morris will need to make corrections. Additionally, I understand that if registered for courses not applicable to my current major, I am responsible for payment. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid. Feel free to contact the financial aid office at finaid@ccm.edu if you have any questions. Please read and complete all sections below.

SECTION A: NEW JERSEY STATE HIGHER EDUCATION STUDENT ASSISTANCE AUTHORITY INFORMATION

~~ Additional Questions and or documents required by [HESAA](#) to determine STATE Aid. (Enter N/A or "\$0" if not applicable- **Do NOT leave BLANK**) ~~

Attention! NJ State Applicant Information Request (AIR) Recipient's – It is strongly recommended that students respond directly to the State requests for additional information, ensuring processing to determine eligibility for grant and or scholarship (EOF, TAG, NJ STARS, etc.). Students may login to www.hesaa.org: [Report Additional Information for State Aid](#).

Driver's License (check one) Yes [] or No []	Issuing State: _____	DL# _____
1. Veterans Educational Benefits if received	Monthly \$ _____	No. of months: _____
Refer to your filed IRS Income Tax Return for the below:		
2. 2017 Untaxed Social Security Benefits received:	Parent \$ _____	Student \$ _____
3. 2017 Taxable Social Security Benefits received:	Parent \$ _____	Student \$ _____
4. 2017 Earned Income Tax Credits received:	Parent \$ _____	Student \$ _____
5. 2017 Unemployment Compensation Amount Received	Parent \$ _____	Student \$ _____

SECTION B: HOUSEHOLD INFORMATION

List the people in your household. Also write the names of the college for any household member, excluding your parent(s), who will be attending a degree, diploma or an approved certificate program in college at least half time between **July 1, 2019 and June 30, 2020**.

DEPENDENT STUDENTS - INCLUDE:

- Yourself, even if you don't live with your parent(s)
- Your parent(s) (including step-parent if remarried)
- Your parents other children if (a) your parents will provide more than half of their support between **July 1, 2019 and June 30, 2020**, or (b) the children could answer No to every question in Step 3 of the FAFSA
- Other people if they now live with your parent(s), your parents provide more than half of their support and will continue to provide more than half of their support between **July 1, 2019 and June 30, 2020**.

INDEPENDENT STUDENTS - INCLUDE:

- Yourself (and your spouse)
- Your children, if you will provide more than half of their support between **July 1, 2019 and June 30, 2020**
- Other people if they now live with you, you provide more than half of their support and you will continue to provide more than half of their support between **July 1, 2019 and June 30, 2020**.

#	NAME	RELATIONSHIP	AGE	ATTENDING COLLEGE NAME
1.		Self		County College of Morris
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION C: TAX FILERS MUST PROVIDE IRS TAX INFORMATION (2 OPTIONS)

Option 1). If you did NOT retrieve and transfer your (and your spouse's, if married), and/or your parent(s)' income tax return information using the **IRS Data Retrieval Process** when initially completing the [FAFSA on the Web](#), you can make corrections using FAFSA on the Web at www.fafsa.ed.gov to subsequently transfer this information. If we receive a corrected FAFSA indicating that the transfer was successful, the **2017 IRS FEDERAL TAX RETURN TRANSCRIPT** document request for you (and your spouse, if married) and/or your parent(s) will be removed. Check *Financial Aid Online* to check the status of this requirement.

Option 2). If you did not utilize the IRS Data Retrieval process, you must submit a copy of your **2017 FEDERAL TAX RETURN TRANSCRIPT**. NOTE: **Personal, self-filed and or accounting firm copies (IRS 1040, 1040A, 1040EZ) are no longer acceptable** with the exception of tax returns from Puerto Rico or foreign income tax returns. To request a copy of your **2017 FEDERAL TAX RETURN TRANSCRIPT** from the Internal Revenue Service, call (800) 908-9946 or go to www.irs.gov, you may also visit your local IRS office for a copy. **AMENDED TAX RETURN:** Filers must provide a copy of their **2017** ^(a) FEDERAL TAX ACCOUNT TRANSCRIPT and ^(b) FEDERAL TAX RETURN TRANSCRIPT.

Student's Name: _____

CCM ID#: _____

SECTION D: NON-TAX FILERS MUST NOT LEAVE BLANK (enter -0- and "None" if applicable)

If you, your parent(s), and/or your spouse did not file and are not required to file a 2017 U.S. Federal Income Tax Return, you must list below all employers and any income received in 2017 for you, your parent(s), and/or your spouse. If you did not file a tax return and are required to as stated in [IRS Publication 17](#), your financial aid file will be incomplete until you file and submit a copy of your IRS Tax Transcript. **Attention: Non-filers may also be required to obtain proof of not filing directly from the IRS.**

Attach copies of all 2017 W-2 forms issued to you. List every employer in "Source of Income" even if the employer did not issue an IRS W-2 form. **Attention: Copies of W-2 may be requested directly from the IRS if you misplaced your employer issued copy.**

<u>Check the appropriate box(s) below</u>	<u>2017 ANNUAL AMOUNT</u>	<u>SOURCE OF INCOME</u>
<input type="checkbox"/> Check here if you (the Student) will not file and are not required to file a 2017 federal income tax return. Report the amount you earned and source of your 2017 income.	\$ _____ \$ _____ \$ _____	_____ _____ _____
<input type="checkbox"/> Use this space to explain why you have not included a W2 Form	_____	
<input type="checkbox"/> Check here if your Spouse will not file and is not required to file a 2017 federal income tax return. Report the amount earned and source of 2017 income.	\$ _____ \$ _____ \$ _____	_____ _____ _____
<input type="checkbox"/> Use this space to explain why you have not included a W2 Form <i>Example – Payed cash and or check and or other.</i>	_____	
<input type="checkbox"/> Dependent students: Check here if your parent(s) will not file and are not required to file a 2017 federal income tax return. Report the amount earned and source of 2017 income, benefits and in-kind support (monies received or bills payed on your behalf) received.	\$ _____ \$ _____ \$ _____	_____ _____ _____
<input type="checkbox"/> Use this space to explain why you have not included a W2 Form <i>Example – Payed cash and or check and or other.</i>	_____	

SECTION E: ADDITIONAL FINANCIAL INFORMATION (enter -0- and "None" if applicable)

1. Complete this section if someone in the student's /parent's household (listed in Section B) received benefits from the [Supplemental Nutrition Assistance Program](#) or SNAP (formerly known as food stamps) any time during the **2017 or 2018** calendar years.

One of the persons listed in Section B of this worksheet **received SNAP benefits in 2017 or 2018**. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2018.

2. Complete this section if one of the student's parents paid or received child support in **2017**.

One (or both) of the student's parents listed in Section B of this worksheet paid or received child support in **2017**. The parent has indicated below the name of the person who paid or received the child support, the name of the person to whom the child support was paid or received, the names of the children for whom child support was paid or received, and the total annual amount of child support that was paid or received in 2017 for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page. Indicate your name and CCM ID# (preferred) or Social Security Number (optional) at the top of the page.*

3. Complete this section if you or your spouse, if married paid or received child support in **2017**.

Either I, or if married my spouse who is listed in Section B of this worksheet, paid or received child support in **2017**. I have indicated below the name of the person who paid or received the child support, the name of the person to whom the child support was paid or received, the names of the children for whom child support was paid or received, and the total annual amount of child support that was paid or received in **2017** for each child. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page. Indicate your name and CCM ID# (preferred) or Social Security Number (optional) at the top of the page.*

Name of Person Who Paid Child Support in 2017	Name of Person to Whom Child Support was Paid in 2017	Name of Child for Whom Support Was Paid in 2017	Total Amount of Child Support Paid in 2017 <i>(January – December)</i>
<i>Marty Jones (example)</i>	<i>Chris Smith (example)</i>	<i>Terry Jones (example)</i>	\$6,000.00
1.			\$
2.			\$
3.			\$
4.			\$

***CERTIFICATION:** By signing below, both student and parent(s) acknowledge and confirm that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **If parent(s) income is included on this form or processed fajsa at least one parent must sign.**

Student: _____ Spouse (optional): _____ Date: _____

Parent(Dependent students): _____ Date: _____

Submit this completed signed worksheet along with copies of all required supporting document(s) to the County College of Morris, Financial Aid Office
214 Center Grove Road, Randolph, NJ 07869-2086 or email to finaid@ccm.edu.

~~~ Make a copy of this worksheet for your records ~~~