



2016-2017 Verification Worksheet

Background: Your FAFSA was selected for review in a process called “Verification.” St. John’s will be comparing your FAFSA information with your 2015 IRS Tax Transcript and other financial documents. Your financial aid application cannot be processed until all requested information is received. Failure to complete the verification process in a timely matter may result in the loss of financial aid eligibility. This review must be conducted under the financial aid program rules (34 CFR, Part 668).

SECTION 1: STUDENT INFORMATION

Name: _____ SSN: _____ Date of Birth: _____

Address: _____

Phone Number: _____ E-mail: _____

SECTION 2: FAMILY INFORMATION

STEP 1 – Complete box below

DEPENDENT: List yourself, your parent(s) (including step-parent) and their children even if they do not live with your parent(s) but will receive more than half of their support from them between July 1, 2016 and June 30, 2017 and other people who live with them and will receive more than half of their support from them between July 1, 2016 and June 30, 2017.

INDEPENDENT: List yourself, your spouse (if applicable) and your children and other people who live with you and will receive more than half of their support from you (and/or your spouse) between July 1, 2016 and June 30, 2017.

STEP 2: Write the name of the college for any household member (excluding parents) who will attend at least half time between July 1, 2016 and June 30, 2017 and will be enrolled in a degree/certificate program.

STEP 1			STEP 2
Full Name	Age	Relationship <i>Self</i>	College (if applicable) <i>St. John's College</i>

SECTION 3: TAX FORMS AND INCOME INFORMATION
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Complete this section for any person you listed above who worked, but did not file taxes for 2015.

Non-Tax Filer's Name	Name of Employer(s) in 2015	Amount Earned in 2015

If you are unsure if you are required to file a tax return, please view IRS publication 17 online at www.irs.gov.

Student Name: _____

SECTION 4: FOOD STAMPS (SNAP)		
List the amount of Food Stamp benefits received in 2015 for the people reported in Section 2. Also provide a statement from the applicable agency or alternative documentation that shows proof of benefits received in 2015.	Full Name	Amount received
		\$
		\$
		\$
		\$
		\$
		\$

SECTION 5: 2015 UNTAXED INCOME		
Answer each question by filling in the correct amount. Do not leave blank, enter zero if there is no untaxed income.	Student/ Spouse	Parent(s)
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a through 12d, codes D, E, F, G, H and S.		
Child support received for any of your 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 benefits). Don't include the value of on-base military housing or the value of a basic military allowance for housing.		
Veteran's non-education benefits, such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances.		
Other untaxed income not reported on the previous questions, such as workers' compensation, disability, etc. Don't include student aid, earned income credit, additional child tax credit, welfare payments, untaxed Social Security benefits, Supplemental Security Income, Workforce Investment Act educational benefits, on-base military housing or a military housing allowance, combat pay, benefits from flexible spending arrangements, foreign income exclusion or credit for federal tax on special fuels.		
Taxable earnings from need-based employment programs, such as Federal Work-Study and need-based employment portions of fellowships and assistantships.		
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.		XXXXXXXX

SECTION 6: CHILD SUPPORT PAID			
Complete this section if you, your spouse (if married) or parents (if dependent) paid child support in 2015.			
Name of individual paying child support	Amount paid	Child support recipient	Name of the child (children) for whom support was paid

SECTION 7: PRINT AND SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all the information reported on it is complete and correct. If dependent, at least one parent must sign. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student	Date	Parent (dependent students only)	Date
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Please return this form to:

St. John's College
 Financial Aid Office
 60 College Ave
 Annapolis, MD 21401
 Annapolis.FinancialAid@sjc.edu
 (410) 626-2885 (fax)

St. John's College
 Financial Aid Office
 1160 Camino Cruz Blanca
 Santa Fe, NM 87505
 SantaFe.FinancialAid@sjc.edu
 (505) 984-6164 (fax)