

The Sage Colleges

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2018-2019 Low Income Form Dependent Student

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Alternate or Cell Phone Number

B. Dependent Student's Family Information

List below the people in your parent(s)' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018, and June 30, 2019. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Central University</i>	<i>Yes</i>
		<i>Self</i>		

Student's Name: _____ SSN: _____

C. Student & Parent Tax Filing Information

Tax Filing Information	Student	Parent
1. Did you file a tax return for 2016? If yes, you must submit a Tax Return Transcript*	Yes: _____ No: _____	Yes: _____ No: _____
2. Did you earn income in 2016 but not required to file a tax return? If yes, you must submit copies of all W2's for 2015	Yes: _____ No: _____	Yes: _____ No: _____
3. Did you earn \$0 income in 2016?	Yes: _____ No: _____	Yes: _____ No: _____

*A Tax Return Transcript can be requested at www.irs.gov/transcript. Choose a Tax Return Transcript for 2016

D. Living Expenses for 2016

Living Expenses for 2016 Indicate Yearly Totals	Student	Parent
Rent or mortgage payment:	\$	\$
Food:	\$	\$
Electric:	\$	\$
Heating/Cooling:	\$	\$
Water/sewer/garbage:	\$	\$
Phone expenses:	\$	\$
Cell phone:	\$	\$
Cable/internet services:	\$	\$
Life, car, medical, home insurance:	\$	\$
Car payments:	\$	\$
Credit card payments:	\$	\$
Personal (clothing, health, beauty, entertainment):	\$	\$

Student's Name: _____ SSN: _____

E. Untaxed Income and Benefits for 2016

Untaxed Income & Benefits for 2016 Indicate Yearly Totals	Student	Parent
Untaxed wages, salaries, and tips	\$	\$
SNAP (Supplemental Nutrition Assistance Program)	\$	\$
TANF (Temporary Assistance for Needy Families)	\$	\$
WIC (Woman, Infants, Children):	\$	\$
Free/Reduced Lunch:	\$	\$
Social Security Benefits:	\$	\$
Workman's Compensation	\$	\$
Child Support Received	\$	\$
Child Support Paid	\$	\$
Alimony	\$	\$
Unemployment Benefits	\$	\$
Money paid on your behalf	\$	\$

Additional Comments: _____

F. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

 Student's Signature

 Date

 Parent's Signature

 Date

*Return completed form to: Russell Sage College, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180
 Email: FVerification@sage.edu, (Fax 518-244-2460)*

WE WILL RETURN ANY INCOMPLETE OR UNSIGNED FORMS FOR CORRECTION. IF YOU HAVE QUESTIONS CONCERNING THIS FORM, PLEASE CALL: Troy (518) 244-4525 or Albany (518) 292-1783