

2019–2020 Aggregate Verification Worksheet

Dependent Student

Your 2019–2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Dependent Student’s Information (Please print clearly)

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, 2019, through June 30, 2020 or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–2020. 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, 2020.

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, 2019, and June 30, 2020. *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>		

C. Dependent Student's Income Information to Be Verified

1. **TAX RETURN FILERS—Important Note:** If the student filed an amended 2017 IRS tax return, the student must contact the financial aid administrator before completing this section.

Instructions: Complete this section if the student filed a 2017 income tax return with the IRS.

If you filed taxes, check ONE box that applies:

- The student has used the IRS Data Retrieval Tool in FAFSA on the Web to retrieve and transfer 2017 IRS income information into the student's FAFSA on the initial FAFSA or when making a correction to FAFSA.
- Student's 2017 IRS tax return transcript is attached to this worksheet. **A tax return is not acceptable documentation.**

2. **TAX RETURN NONFILERS—**Complete this section if the student, will not file and is not required to file a 2017 income tax return with the IRS.

If you did not file taxes, check ONE box that applies:

- The student was not employed and had no income earned from work in 2017.
- The student was employed in 2017 and has listed below the names of all the student's employers, the amount earned from each employer in 2017, and whether an IRS W-2 form is attached. Attach copies of all 2017 IRS W-2 forms issued to the student by employers. *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Employer's Name	2017 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00(example)</i>	<i>Yes(example)</i>

D. Parent's Income Information to Be Verified - Note: If two parents were reported in Section B of this worksheet, the instructions and certifications below refer and apply to both parents.

1. **TAX RETURN FILERS—Important Note:** If the student's parent(s) filed an amended 2017 IRS tax return the student's financial aid administrator must be contacted before completing this section.

Instructions: Complete this section if the student's parent(s) filed or will file a 2017 income tax return with the IRS.

If you filed taxes, check ONE box that applies:

The student's parent **has used** the IRS Data Retrieval Tool in FAFSA on the Web to transfer 2017 IRS income information into the student's FAFSA, either on the initial FAFSA or when making a correction to the FAFSA.

The student's parent has attached a 2017 IRS Tax Transcript to this worksheet. **A tax return is not acceptable documentation.**

2. **TAX RETURN NONFILERS**—complete this section if the student's parent(s) will not file and is not required to file a 2017 income tax return with the IRS.

If you did not file taxes, check ONE box that applies:

The parent(s) was not employed and had no income earned from work in 2017.

The parent(s) was employed in 2017 and has listed below the names of all the parent's employers, the amount earned from each employer in 2017, and whether an IRS W-2 form is attached. Attach copies of all 2017 IRS W-2 forms issued to the parent(s) by employer(s). *List every employer even if they did not issue an IRS W-2 form. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

Employer's Name	2017 Amount Earned	IRS W-2 Attached?
<i>Suzy's Auto Body Shop (example)</i>	<i>\$2,000.00 (example)</i>	<i>Yes (example)</i>

Student's Name: _____ SSN: _____

E. High School Completion Status

Provide one of the following documents indicating your high school completion status when you will begin college in 2019–2020:

I have attached the following:

- A copy of the student's high school diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Educational Development (GED) certificate or GED transcript.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

Note: If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.

F. Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at The Sage Colleges (Albany or Troy campus) to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student’s Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending The Sage Colleges for 2019-2020.

STUDENT SIGNATURE DATE STUDENT ID NUMBER

SIGNATURE of AUTHORIZED SAGE OFFICIAL DATE

Sage Employee check which document is copied for review

_____ Driver’s License _____ Non-Driving State ID _____ Military ID _____ Passport

Note: If other, contact Financial Aid Office to verify its acceptability

Certification and Signatures – Must be completed by Student AND Parent

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: The Sage Colleges, Attn: Financial Aid Office, 65 First Street, Troy, NY 12180
STOP: DID YOU FULLY COMPLETE THIS FORM? DID YOU SIGN THIS FORM? 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

STOP! Complete this page ONLY if student did not complete Section G on page 5 of the verification worksheet.

***Identity and Statement of Educational Purpose
(To Be Signed With Notary)***

If the student is unable to appear in person at The Sage Colleges to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending The Sage Colleges for 2019-2020.

STUDENT SIGNATURE

DATE

STUDENT ID NUMBER

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,
(Date) (Notary's name)

personally appeared, _____, and provided to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)