

2025-26 V1 Standard Verification Worksheet - Independent

Federal Student Aid Programs

Your application was selected for review in a process called "verification." We must compare information you provided on your FAFSA with information provided on this form and, if requested, official 2023 IRS tax return transcripts and/or 2023 W-2 earnings statements. The law requires us to request this information before awarding financial aid. If there are differences between our FAFSA data, the information provided on this worksheet, or your financial documents, we may need to submit corrections to have your eligibility determined.

Complete this form and submit it to the Office of Financial Aid as soon as possible to prevent any delays with your financial aid..

What you should do:

- 1. Complete all applicable sections of this worksheet.
- 2. If you have questions about completing this worksheet, please contact your campus Financial Aid Office.
- Submit this signed worksheet and any other requested documents to your campus Financial Aid Office. If you are uncertain about which documents to attach to this worksheet, access your MySCCC student dashboard via sunysuffolk.edu.

SCCC must review the requested information, and make any required corrections, under the financial aid program rules (34 CFR, Part 668).

A. Student Information			
Last Name	First Name	M.I.	Student ID#
Address (Include apt. no.)			Date of Birth
011			
City	State	ZIP Code	Phone Number (Include area code)
B. Family Information			
What is your current r	marital status?		
Single	☐ Married or Remarried*	Separated	
Divorced	Widowed		
*If you are ma	arried as of date you filed the FAFS	A vou must include	your spouse's information on this form

- 2. List the people in your household, including:
 - Yourself, and your spouse, if applicable.
 - Your dependent children, if you will provide more than half of their support during the award year, even if they do not live with you.
 - Other persons if they now live with you and you provide more than half of their support and will continue to provide more than half of their support during the award year. Please note the financial aid office may require proof of the data below, including, but not limited to non-filer forms from the IRS or other documentation of no/low income.

Write the names of all household members in the space(s) below:

Full Name	Age	Relationship
		Self

2023 tax return was not found. Please complete the information below.	fully or a
Check here if you are attaching either a signed copy of your 2023 Federal Tax Return with applicable sch an official IRS 2023 Federal Tax Return Transcript (print or request a copy at irs.gov). Please check one box below:	dules OR
☐ I am not married and my 2023 Federal Tax Return or Transcript is attached.	
I am married, my spouse and I filed jointly, and our joint 2023 Federal Tax Return or Transcript is	ttached.
I am married, my spouse and I filed separately, and each of our 2023 Federal Tax Returns or Transattached.	ripts are
☐ I am married, and only I <i>or</i> my spouse filed a 2023 Federal Tax Return. The signed copy of the 202 Tax Return OR 2023 Federal Tax Return Transcript for ☐ myself / ☐ my spouse is attached. section D for the non-tax-filer.	
D. Tax Return Non-Filers	
☐ I am not married, I did not file and was not required to file a 2023 Federal Income Tax Return.	
☐ I am married, but one of us did not file and was not required to file a 2023 Federal Income Tax Return.	
☐ I am married, neither myself nor my spouse filed and were not required to file a 2023 Federal Income Tax Re	ırn.
If you (and/or your spouse, if married) did not file and were not required to file a 2023 Federal income tax is below your employer(s) and any income received in 2023 (submit copies of W2 forms or other earnings stated Also, please submit a confirmation (dated after October 1, 2024) of non-tax-filing which can be obtained from website irs.gov using form 4506-T and checking box 7.	ements).
	n the IRS
Check here if confirmation of non-tax-filing is attached.	n the IRS
Employer's Name IRS W2* Annual Amoun	i
Fmployer's Name IRS W2* Annual Amoun	i
Employer's Name IRS W2* Provided? Earned in 202	i
Employer's Name IRS W2* Provided? Student Spouse Student	i
Employer's Name IRS W2* Annual Amount	i
Employer's Name IRS W2* Annual Amount	i
Employer's Name IRS W2* Annual Amount	i
Employer's Name IRS W2* Annual Amount Provided? Earned in 202 Student Spouse Yes No \$ Student Yes No \$ Student Yes No \$ Total Amount of Income Earned From Work \$ * If W-2 is unavailable visit irs.gov and request your 2023 wage and tax statement. E. Sign this Worksheet	i
Employer's Name IRS W2* Annual Amount	i

Date

Spouse Signature