

2024-25 V1 Dependent Student Income and Household Worksheet

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 2022 IRS tax return transcripts and/or 2022 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 I	Student ID#		
Add	lress (Include apt. no	p.)	Date of B	irth			
City State ZIP Code		Phone Number (Include area code)					
B. Family Information – Provide information about the parent contributors/s on your FAFSA							
The information in sections B and D of this form is asking about the parent/s and household members who are included on your FAFSA application. This information may be different than your custodial parent. 1. What is the marital status of the parent/s listed on your FAFSA?							
	Married	Remarried to Step-parent	Divorced or	Separated*	Never Married		
	Unmarried and both biological parents living together (both parents income information will be required on the FAFSA)						
2.		our household, including: our parent/s (including step-paren	ts), or unmarried b	biological pare	nts residing together.		

- Your siblings, if your parent/s 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 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 during the award year.

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

Full Name	Age	Relationship
		Self

While you provided consent to have your IRS information imported into your FAFSA, it did not transfer successfully or a 2022 tax return was not found. Please complete the information below.								
Check only one box below:								
a	You filed or will file a 2022 Federal Tax Return and you are attaching a signed copy of your 2022 1040 with applicable schedules OR an official IRS 2022 Federal Tax Return Transcript (print or request a copy at irs.gov)							
	ou were employed in 2022, but did not and were not required to file a 2022 U.S. Income Tax Return. Complete the information below.							
- 1	List below the names of all employers, the amount earned from each employer in 2022, and whether an IRS W-2 form or an equivalent document is provided. List every employer even if the employer did not issue an IRS W-2 form.							
	Employer	IRS W2* Provided?	2022 Annual Amount Earned					
		Yes No	\$					
		Yes No	\$					
		Yes No	\$					
		Yes No	\$					
	Total Amount of Income Earned from		\$					
* If W-2 is unavailable visit <u>irs.gov</u> and request your 2022 wage and tax statement. You were not employed and had no income earned from work in 2022.								
E. Sig	n this Worksheet							
	Each person signing below certifies that all the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.							
	and stability and parent interestination has reported on the first or throat digitalia date.							
S	tudent Signature (Required) Da	te						
 P	arent Signature (Required) Da	ite						

C. Student's Tax Forms and Income Information (all applicants)