

# Office of Financial Aid

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## 2017-2018 HOUSEHOLD VERIFICATION

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called “Verification”. The law says that before awarding Federal aid, we have the right to ask you to confirm information reported on your FAFSA using this worksheet, you and your parent(s) 2015 tax return transcripts and/or other financial documents.

If there are differences, your FAFSA information will be corrected.

Complete this verification request as soon as possible to prevent delays in the receipt of your financial aid award.

### A. Student Information

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Maritime ID#

\_\_\_\_\_  
Street Address (include apt. no.)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number (include area code)

### B. Family Information

\_\_\_\_\_ **Dependent Student** (as determined by FAFSA): Please list the people living in your parent(s) household, including yourself, your parents, even if you don't live with your parents, and other children that your parents provide more than half their support and will continue to provide half their support from July 1, 2016 through June 30, 2017 (even if they do not live with your parents). Also include other people living in your parent's household that they provide more than half their support to.

\_\_\_\_\_ **Independent Student** (as determined by FAFSA): Please list the people in your household including yourself, and your spouse if you have one, and your children, if you provide more than half their support even if they do not live with you. Also include other people if they live with you, and you provide more than half of their support.

Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		<i>Self</i>	SUNY Maritime College	

### C. Certification and Signatures

By signing this worksheet, we certify that all information reported is complete and correct.

If student is **Dependent**, the student and at least one parent must sign and date.  
If student is **Independent**, a spouse's signature is optional.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Spouse

\_\_\_\_\_  
Date

**Submit this worksheet to the Financial Aid Office.**

**You should make a copy of this worksheet for your records.**