

# Office of Financial Aid

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## 2023-2024 HOUSEHOLD VERIFICATION

Your 2023–2024 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)’ 2021 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	Home Number Cell Number

### 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, 2023 through June 30, 2024 (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 who meet the definition above including yourself.** 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, 2023 and June 30, 2024, 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
		Self	SUNY Maritime College	

### C. Certification and Signatures

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

_____	_____
Student	Date
_____	_____
Parent or Spouse	Date

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.

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