

A. Student Information

Federal Verification Worksheet 2014-2015

LIU Brooklyn & Hudson Campuses

Office of Integrated Student Financial Services 1 University Plaza Room S-310, Brooklyn, NY 11201 Tel: 718 488-1037

Fax: 718 488-3343 E-Mail: <u>isfs@brooklyn.liu.edu</u> Web: <u>www.liu.edu/brooklyn/financial-services</u>

LIU Post, Riverhead, and Brentwood Campuses

Office of Student Financial Services 720 Northern Blvd, Kumble Hall, Brookville, NY 11548 Tel: 516 299-2323

> Fax: 516 299-2721 E-Mail: post-sfs@liu.edu Web: www.liu.edu/post/finaid

	ame First Name		MI LIU ID Number			
Street Address				Date of Birth		
City	State	ZIP Code	E-Mail Address			
Home Phone Number (Include Area Code)				Cell Phone Number or Alternate Phone Number		
B. Family Information						
☐ The parents' other child would be required to preven if the children dor Other people if they now their support through Julindependent Students: List loans, housing, food, clothed The student (and the student)	rovide parental information if not live with the parents. we live with the parents and thoune 30 th , 2015. The people that you (and you es, care, medical and dental caudent's spouse, if he/she has	e more than half of the they were completing the parents provide mo ur spouse) will suppor are, payments of colle	eir support from J g a FAFSA for 201- re than half of the t between July 1 st	4-2015. Include childre eir support and will con 2014 and June 30 th , 20	une 30 th , 2015, or if the other children who meet either of these standard tinue to provide more than half of 015. (Support includes money, gifts,	
continue to provide mo		ovide more than half tudent and he/she pro from July 1 st , 2014 thro purself, who will be e	ovides more than ough June 30 th , 20 nrolled <u>at least ha</u>	half of their support, a 15. <u>If-time</u> in a degree, dip	nd the independent student will loma, or certificate program	
☐ Other people if they now continue to provide mo Please List any of the house at an eligible postsecondary	w live with the independent s re than half of their support f chold member(s), including you y educational institution any t	ovide more than half tudent and he/she pro from July 1 st , 2014 thro purself, who will be e time between July 1 st ,	ovides more than ough June 30 th , 20 nrolled <u>at least ha</u> 2014, and June 30	half of their support, a 15. <u>If-time</u> in a degree, dip th , 2015, and provide t	nd the independent student will loma, or certificate program he following information: Will Be Enrolled at Least	
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Other people if they nov continue to provide mo Please List any of the house at an eligible postsecondary Full Nam Please list ALL other memb	w live with the independent s re than half of their support f chold member(s), including you y educational institution any t e Age eers of your or your parent's h	ovide more than half tudent and he/she profrom July 1 st , 2014 throurself, who will be etime between July 1 st , Relationship Self	ovides more than ough June 30 th , 20 nrolled <u>at least ha</u> 2014, and June 30 Un	half of their support, a 15. If-time in a degree, dip oth, 2015, and provide t iversity/College LIU	Ioma, or certificate program he following information: Will Be Enrolled at Least Half-Time Status (Yes or No) Yes d any other household member not Will Be Enrolled at Least	

educational institutions is inaccurate.

Student Name:			LIU ID Number:			
I. Student's (and Spouse's) Income Information: Check the appropriate boxes below and provide the requested informatio I/we used the IRS Data Retrieval Tool to transfer my/our 2013 income inform I/we did not (or could not) transfer my/our 2013 income information to the my/our 2013 IRS Tax Return Transcript(s). To obtain an IRS tax return transcript" link and select "Return Transcript" after entering your information I/we did not and were not required to file a 2013 Federal Income Tax Return Please list sources and amount of any earned income received in 2013 for w Sources of Income			tion to the FAFSA and made no further changes to the inform FSA using the IRS Data Retrieval Tool. I/we have attached a pit you can go to www.IRS.gov/transcript and click on the "Or or call 1-800-908-9946. Attach your W-2 Forms or 1099 from all sources of earned in			
I/we used the IRS Data Retrieval Too I/we did not (or could not) transfer n of my/our 2013 IRS Tax Return Tran Transcript" link and select "Return Tr I/we did not and were not required t Please list sources and amount of an	and provide the requested information I to transfer my/our 2013 income inform my/our 2012 income information to the Facript(s). To obtain an IRS tax return tran anscript" after entering your information, to file a 2013 Federal Income Tax Return y earned income received in 2013 for whources of Income	nation to the FAFSA using ascript you c , or call 1-80 . (Attach you	FAFSA and made no furthe the IRS Data Retrieval Tool. an go to <u>www.IRS.gov/trans</u> 0-908-9946. ur <u>W-2 Forms or 1099</u> from no Form W-2 or Form 1099	I/we have attached a script and click on the all sources of earned I.)	copy "Order A	
			\$		4	
			\$		_	
D. Child Support Paid						
names of the persons to whom the child support that was paid in 2013 for each of top. Name of Person Who Paid Child Support	Name of Person To Whom Child	separate pa	ge that includes the student Child For Whom Support	t's name and ID numb Amount of Child S	per at the	
пата от столи то таке от	Support Was Paid		Was Paid	Paid In 2013	i	
				\$		
				\$		
				\$		
Note: If we have reason to believe that the in	formation regarding child support paid i	s not accura	te, we may require addition	т	rch as:	
□ A copy of the separation agreement or d □ A statement from the individual receiving checks or money order receipts. ■ E. SNAP Benefits Information □ The dependent student's parent(s) (or the student's household), received benefits from sometime during 2012 or 2013. SNAP may be benefits received during 2012 and/or 2013.	g the child support certifying the amount e independent student) certifies that a m the Supplemental Nutrition Assistance P	t of child sup nember of the Program or S	oport received; or copies of ne dependent parents' hous NAP (formerly known as the	sehold (or the indeper e Food Stamp Prograr	ndent m)	
F. Certifications and Signatures						
Each person signing this worksheet certifies that all of the information on it is complete and correct.			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/Spouse's Signature)			(Date)			