



Dependent 2009-2010 Verification Worksheet

Federal Student Aid Programs

FORM APPROVED
OMB NO. 1840-0570
DEPENDENT STUDENT

Your application was selected for review in a process called "Verification." In this process, your school will be comparing information from your application with signed copies of your and your parent(s)/step-parent(s)' 2008 Federal tax forms, or with W-2 forms or other financial documents. The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, SUNY Delhi may send corrections electronically to the federal processing center to have your information reprocessed.

Try to complete verification as soon as possible, so that your financial aid won't be delayed. SUNY Delhi's Enrollment Services Office will help you.

What you should do

1. Collect your and your parent(s)' financial documents (signed Federal income tax forms, W-2 forms, etc.).
2. Contact SUNY Delhi's Financial Aid office if you have questions about completing this worksheet.
3. Fill in and sign the worksheet-you and at least one parent.
4. Mail, fax or bring the completed worksheet, tax forms, and any other documents SUNY Delhi has requested to our office..
5. SUNY Delhi will compare information on the documents. **If you need to make corrections, contact SUNY Delhi and we will do it for you.**

SUNY Delhi must review the requested information, under the financial aid program rules (CFR Title 34, Part 668).

A. Student Information

Last name	First name	M.I.	Social security number
Address (include apt. no.)		Date of birth	
City	State	ZIP code	Phone number (include area code)

B. Family Information

List people in your **parent/step-parent's household**; include:

- yourself and your parents, and
- your parents' other children, if (a) your parents provide more than half of their support or (b) the children would be required to provide parental information when applying for Federal Student Aid, and
- other people if they now live with your parents, and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2009 through June 30, 2010.

Write the names and ages of all family members. Also write in the name of the college for any family member who will be attending college at least half-time between July 1, 2009 and June 30, 2010, and will be enrolled in a degree or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	College

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0132. The time required to complete this information collection is estimated to average twelve minutes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4631. If you have comments or concerns regarding the status of your individual submission of this form, write directly to: Application and Pell Processing Systems Division, U.S. Department of Education, 600 Independence Avenue, S.W., Washington, DC 20202-5453.

