

2021-22 Long Verification Worksheet

This form must be returned in person to the Campus Financial Aid Office

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 2019 IRS tax return transcripts and/or 2019 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.
3. 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 student portal at www.sunysuffolk.edu (My Financial Aid).

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 ID#
Address (include apt. no.)			Date of birth
City	State	ZIP Code	Phone number (include area code)

B. Family Information

1. What is your parents' current marital status?

<input type="checkbox"/> Married	<input type="checkbox"/> Remarried to Step-parent	<input type="checkbox"/> Divorced or Separated*	<input type="checkbox"/> Never Married
<input type="checkbox"/> Unmarried and both biological parents living together (both parents income information is required on the FAFSA)	<input type="checkbox"/> Widowed	Month/Year of Status: _____	

*If Divorced/Separated, who is your Custodial Parent?

_____	_____
Custodial Parent's Name	Relationship

If a custodial parent is remarried, their spouse's information is required on this form.

2. List the people in your household, including:
 - Yourself, and your parent(s) (including stepparents), or unmarried biological parents residing together.
 - Your parents' other children, if your parents will provide more than half of their support from July 1, 2021 through June 30, 2022, even if they do not live with you.
 - Other people if they now live with your parent(s) and your parent(s) will provide more than half of their support and will continue to provide more than half of their support from July 1, 2021 through June 30, 2022. Please note the financial aid office may require proof of the data below, including, but not limited to non-filer forms from the IRS or other documentation of no/low income.

Write the names of all household members in the space(s) below. Also write the name of the college for any household member who will be attending at least half time between July 1, 2021 and June 30, 2022, 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/University Attending at Least Half-Time in 2021-22
		Self	Suffolk County Community College

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

1. Check only one box below.

- Check here if you imported your tax information using the IRS Data Retrieval Tool.
- Check here if you are attaching either a signed copy of your 2019 Federal Tax Return with applicable schedules OR an official IRS 2019 Federal Tax Return Transcript (print or request a copy at irs.gov or call 1-800-908-9946)
- Check here if you did not file and were not required to file a 2019 U.S. Income Tax Return. **Complete #2**

2. If you did not file and were not required file a 2019 Federal income tax return, list below your employer(s) and any income received in 2019 (submit copies of W-2 forms or other earnings statements). If you were not employed in 2019, indicate "not applicable".

Employer	2019 Income	W2* Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If W-2 is unavailable visit irs.gov and request your 2019 wage and tax statement.

D. Parent's Tax Forms and Income Information

1. Check only one box below

- Check here if your parent(s) imported their tax information using the IRS Data Retrieval Tool.
- Check here if your parent(s) are attaching either a signed copy of his/her 2019 Federal Tax Return with applicable schedules OR an official IRS 2019 Federal Tax Return Transcript (print or request a copy at irs.gov or call 1-800-908-9946) **Note: If your parents are married and file separate returns, tax returns or transcripts must be submitted for both parties.**
- Check here if your parent(s) did not file & were not required to file a 2019 U.S. Income Tax Return. **Complete #2**

2. If your parent(s) did not file and were not required to file a 2019 Federal Income Tax Return, list below your parent's employer(s) and any income received in in 2019 (submit copies of W-2 forms or other earnings statements if available). **Please submit a confirmation (dated after October 1, 2020) of non-tax-filing which can be obtained from the IRS website irs.gov using form 4506-T and checking box 7.**

- Check here if confirmation of non-tax-filing is attached

Employer	2019 Income	W2* Attached
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No
	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No

* If W-2 is unavailable visit irs.gov and your parent can request 2019 wage and tax statement(s).

E. Identity and Statement of Educational Purpose (Signed in person in the Financial Aid Office)

You must appear in person at Suffolk County Community College to verify your identity by presenting valid government-issued photo identification, such as, but not limited to, a driver's license, other state issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

- I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Suffolk County Community College for the 2021-22 academic year.
- Proof of high school completion status on file in Admissions Office. Confirmed by: _____

F. Sign 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. **Student must sign in person in office.**

Student Signature

Date

Parent Signature

Date