

## 2022-23 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 2020 IRS tax return transcripts and/or 2020 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.
- 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.	A. Student Information								
Las	t name	First name	N	1.1.	Student ID#				
Address (include apt. no.)					Date of birth				
City	/	State	ZIP	Code	Phone numb	per (include area code)			
B.	Family Informa	ation							
1.	What is your pal ☐ Married	hat is your parents' current marital status?  Married Remarried to Step-parent Divorced or Se			eparated*	☐ Never Married			
	together (bot	☐ Unmarried and both biological parents living ☐ Widowed together (both parents income information is required on the FAFSA)		_	Month/Year of Status:				
	*If Divorced/Sepa	arated, who is your Custodial Paren		Custodial Pare	ent'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, 2022 through June 30, 2023, 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, 2022 through June 30, 2023. 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, 2022 and June 30, 2023, 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 2022-23
		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 2020 Federal Tax Return with applicable schedules OR an official IRS 2020 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 2020 U.S. Income Tax Re	turn. Complete #2					
2.	·	you did not file and were not required file a 2020 Federal income tax return, list below your employer(s) and any come received in 2020 (submit copies of W-2 forms or other earnings statements). If you were not employed in 119, indicate "not applicable".						
	Employer	2020 Income	W2* Attached					
		\$	☐ Yes ☐ No					
	* If W-2 is unavailable visit irs.gov and request your 2	020 wage and tax statement	☐ Yes ☐ No					
	ii vv-z is unavaliable visit iis.gov and request your zi	020 wage and lax statement.						
D.	Parent's Tax Forms and Income Information							
1.	Check only one box below							
	☐ Check here if your parent(s) imported their tax informat	tion using the IRS Data Retrieva	al Tool.					
	Check here if your parent(s) are attaching either a signed copy of his/her 2020 Federal Tax Return with applicable schedules OR an official IRS 2020 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 requ	uired to file a 2020 U.S. Income	Tax Return. Complete #2					
2.	If your parent(s) did not file and were not required to file a 2020 Federal Income Tax Return, list below your parent's employer(s) and any income received in in 2020 (submit copies of W-2 forms or other earnings statements if available). Please submit a confirmation (dated after October 1, 2021) 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 at							
	Employer	2020 Income	W2* Attached					
		\$ \$	☐ Yes ☐ No ☐ Yes ☐ No					
	* If W-2 is unavailable visit irs.gov and your parent ca							
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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.								
F	☐ 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 2022-23 academic year.  F. Sign this Worksheet							
	Each person signing below certifies that all the information	reported is complete and correct	ct. The student and one					
	parent whose information was reported on the FAFSA mus							
Stud	dent Signature Date	Parent Signature	Date					