

2023-24 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 2021 IRS tax return transcripts and/or 2021 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.

A. Student Information

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 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).

Last Name	First Name	M.I.	Student ID#					
Address (include	Apt. #)		Date of Birth					
City	State	ZIP Code	Phone Number (include area code)					
B. Family Info	ormation							
What is your current marital status? ☐ Single ☐ Married or Remarried* ☐ Separated								
☐ Divorced	☐ Widowed							
*If you are m	*If you are married as of date you filed the FAFSA, you must include your spouse's information on this form.							

- 2. List the people in your household, including:
 - Yourself, and your spouse if you have one.
 - Your children, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, even if they do not live with you.
 - Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2024. 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, 2023 and June 30, 2024, and will be enrolled in a degree, diploma, or certificate program. If more space is needed, provide a separate page with student name and ID number at the top.

F	ull Name	Age	Relationship	College/University Attending at Least Half-Time in 2023-24
			Self	Suffolk County Community College

C. Tax Forms an	id Income Infor	mation								
Check only one	Check only one box below.									
☐ Check here i Tool.	☐ Check here if you imported your (and if married, your spouse's) 2021 tax information using the IRS Data Retrieval Tool.									
an official IR	☐ Check here if you are attaching either a signed copy of your 2021 Federal Tax Return with applicable schedules OR an official IRS 2021 Federal Tax Return Transcript (print or request a copy at <u>irs.gov</u> or call 1-800-908-9946). Please check one of the following:									
☐ I am n	☐ I am not married and my 2021 Federal Tax Return or Transcript is attached									
	I am married, my spouse and I filed jointly, and our joint 2021 Federal Tax Return or Transcript is attached									
	☐ I am married, my spouse and I filed separately, and each of our 2021 Federal Tax Returns or Transcripts are attached									
□ I am married, and only I or my spouse filed a 2020 Federal Tax Return. The signed copy of the 2021 Federal Tax Return OR 2021 Federal Tax Return Transcript for □ myself / □ my spouse is attached. Complete section D for the non-tax-filer.										
D. Tax Return No	on-Filers									
☐ I am not mar	ried, I did not file an	d was not required to fi	e a 2021 Federal Inc	ome Tax Return						
☐ I am married, but one of us did not file and was not required to file a 2021 Federal Income Tax Return										
☐ I am married, neither myself nor my spouse filed and were not required to file a 2021 Federal Income Tax Return										
If you (and/or your spouse, if married) did not file and were not required to file a 2021 Federal income tax return, list below your employer(s) and any income received in 2021 (submit copies of W2 forms or other earnings statements). Also, please submit a confirmation (dated after October 1, 2022) 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	n of non-tax-filing is att	ached							
		Employer	2021	Income W	/2* Attached					
☐ Student ☐ Spouse			\$		Yes No					
☐ Student ☐ Spouse			\$] Yes 🔲 No					
☐ Student ☐ Spouse			\$		Yes No					
☐ Student ☐ Spouse			\$		Yes No					
* If W-2 is υ	ınavailable visit irs.ç	gov and request your 20	20 wage and tax stat	tement.						
F Identity and S	Statement of Ed	ucational Burnosa	(Signad in parson i	n the Financial	Aid Office)					
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 an unexpired government-issued photo identification (ID), such as, but not limited to, a driver's license, other state issued ID, or U.S. passport. The institution will maintain a copy of the student photo ID that is annotated with the date it was received and reviewed, and the name of the official at the institution authorized to collect the student 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 2023-24 academic year. F. Sign this Worksheet										
Each person signing below certifies that all the information reported is complete and correct. Student must sign in person in the Financial Aid Office.										
Student Signature (R	Required)	Date	Spouse Signature (O	ptional)	Date					