

2026-27 V1 Standard Verification Worksheet - Independent

Federal Student Aid Programs

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 2024 IRS tax return transcripts and/or 2024 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.

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 MySCCC student dashboard via sunysuffolk.edu.

Complete this form and submit it to the Office of Financial Aid as soon as possible to prevent any delays with your 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 current marital status?
- Single
 Married or Remarried*
 Separated
 Divorced
 Widowed

*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 applicable.
 - Your dependent children, if you will provide more than half of their support during the award year, even if they do not live with you.
 - Other persons 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 during the award year. 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:

Full Name	Age	Relationship
		Self

C. Tax Forms and Income Information

While you provided consent to have your IRS information imported into your FAFSA, it did not transfer successfully or a 2024 tax return was not found. Please complete the information below.

Check here if you are attaching either a signed copy of your 2024 Federal Tax Return with applicable schedules OR an official IRS 2024 Federal Tax Return Transcript (print or request a copy at [irs.gov](https://www.irs.gov)).

Please check one box below:

- I am not married and my 2024 Federal Tax Return or Transcript is attached.
- I am married, my spouse and I filed jointly, and our joint 2024 Federal Tax Return or Transcript is attached.
- I am married, my spouse and I filed separately, and each of our 2024 Federal Tax Returns or Transcripts are attached.
- I am married, and only I or my spouse filed a 2024 Federal Tax Return. The signed copy of the 2024 Federal Tax Return OR 2024 Federal Tax Return Transcript for myself / my spouse is attached. **Complete section D for the non-tax-filer.**

D. Tax Return Non-Filers

- I am not married, I did not file and was not required to file a 2024 Federal Income Tax Return.
- I am married, but one of us did not file and was not required to file a 2024 Federal Income Tax Return.
- I am married, neither myself nor my spouse filed and were not required to file a 2024 Federal Income Tax Return.

If you (and/or your spouse, if married) did not file and were not required to file a 2024 Federal income tax return, list below your employer(s) and any income received in 2024 (submit copies of W2 forms or other earnings statements).

	Employer's Name	IRS W2* Provided?	Annual Amount Earned in 2024
<input type="checkbox"/> Student <input type="checkbox"/> Spouse		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Student <input type="checkbox"/> Spouse		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Student <input type="checkbox"/> Spouse		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
<input type="checkbox"/> Student <input type="checkbox"/> Spouse		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total Amount of Income Earned From Work			\$

* If W-2 is unavailable visit [irs.gov](https://www.irs.gov) and request your 2024 wage and tax statement.

E. Sign this Worksheet

Each person signing below certifies that all the information reported is complete and correct.

Student Signature (Required) Date

Spouse Signature Date