



Your application has been selected for verification; therefore, the following information must be provided by you, the student, and by your custodial parent(s)*. This form must be completed in its entirety. **DO NOT LEAVE ANY ITEM BLANK. ENTER ZERO (Ø) OR NOT APPLICABLE (N/A) WHERE APPROPRIATE. PLEASE USE BLACK INK.**

Complete and date this form **AFTER** you have completed your FAFSA. If other documentation is needed, it will be specifically requested.

Student Name: _____

Permanent Street Address: _____

Cell Number: () _____ Stonehill ID #: _____

1. Custodial Parent(s) Information

Include custodial parent(s) information if:

- Your legal parents (your biological and/or adoptive parents) are married to each other or not married to each other and live together, regardless of their gender; or
- Your legal parents are remarried, include the information for the parent and stepparent you live with more than 50% of the time when not away at school; or
- Your legal parents are divorced or separated, include the information for only the parent you live with more than 50% of the time when not away at school.

Parent 1 / Stepparent 1 (check one)

Parent 2 / Stepparent 2 (check one)

Name: _____

Name: _____

Cell Phone: _____

Cell Phone: _____

Street Address: _____

2. Custodial Parent Property Information

Property Description	Principal Residence		Other 1**	Other 2**
	<input type="checkbox"/> Rent	<input type="checkbox"/> Own (check one)		
Address				
Current resale value				
Balance of mortgage(s)				
Year of purchase				
Purchase price				

**Other 1, 2 includes investment properties, vacation homes, time shares, land, and/or commercial properties. Please attach a separate sheet of paper to list additional properties. Business property reported on a business tax return should not be included on this grid, but should be reported in Section 1.

3. Asset Information

As of the day you completed the FAFSA, what was the value of the following accounts?

Do not leave any item blank. Enter zero (Ø) if applicable. Do not include values of 401k or 403b accounts.

Type of Account	Student	Custodial Parent(s)
Cash	\$	\$
Investments (e.g., stocks, 529 plans)	\$	\$
Other (e.g., trusts)	\$	\$

Value of Series EE bonds you / your parent(s) redeemed in 2013: \$ _____

Is either parent self-employed? ? Yes No If yes: What is the total number of businesses? _____

Number of full time employees at each business: _____

4. Statement of Student Tax Filing Status

Did or will the student file a 2013 federal tax return? Yes No

If yes, submit a copy of 2013 federal tax return with schedules and 2013 W2s

If no, complete the following:

- Non-tax filer:** The student was not employed and had no income from work in 2013. The student will not and is not required to file a 2013 federal tax return.
- Non tax filer:** The student was employed, but will not and is not required to file a 2013 federal tax return. Enter the names of employers and amount earned in the chart below, even if the employer did not issue a W2. Please submit copies of all IRS 2013 W2 forms.

Employer's Name	2013 Amount Earned	IRS W-2 Attached?

2013 interest/dividend income: \$ _____

5. Statement of Custodial Parent Tax Filing Status

Did or will the Custodial Parent(s) file a 2013 federal tax return? Yes No

If yes, submit a copy of the 2013 federal tax return w/ schedules and 2013 W2s

If no, complete the following:

- Non-tax filer:** The parent(s) were not employed and had no income from work in 2013. The parent(s) will not and are not required to file a 2013 federal tax return.
- Non tax filer:** The parent(s) were employed, but will not and are not required to file a 2013 federal tax return. Enter the names of employers and amount earned in the chart below, even if the employer did not issue a W2. Please submit copies of all IRS 2013 W2 forms.

Employer's Name	2013 Amount Earned	IRS W-2 Attached?

2013 interest/dividend income: \$ _____

6. Untaxed Income and Benefits in 2013

Enter (Ø) if applicable. DO NOT LEAVE ANY ITEM BLANK	Student	Parent
Child support received (total for ALL children in household)	\$ N/A	\$
Worker's Compensation	\$	\$
Bills paid on your behalf by a third party	\$ N/A	\$
Other, including SSDI and Veterans' Benefits	\$	\$
Welfare (e.g. TANF, AFDC or ADC) and untaxed Social Security benefits	\$	\$

7. Other Information to Be Verified

- Did someone listed in Section 8 of this worksheet receive Supplemental Nutrition Assistance Program or SNAP benefits (formerly known as food stamps) in 2012 or 2013? Yes No
- Did one (or both) of the student's parents listed in Section 8 of this worksheet pay child support in 2013?
 Yes No

If yes, please complete the following grid. If you need additional space, please attach a separate sheet of paper with the following information:

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2013
			\$
			\$

8. Household Information

List below all persons who are in your custodial parents' household. (If more than 6, list and attach on separate page.)

- Your custodial parent(s), and
- Your parents' other children if your parent(s) will provide more than half of their support between July 1, 2014 and June 30, 2015 or if other children would be required to provide parental information when completing the FAFSA for Federal Student Aid for 2014-2015.
- 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, 2014 through June 30, 2015.

Full Name	Relationship to Student	Date of birth	College this person will attend in academic year 14-15, if any	Number of courses per semester in 14-15	Student Enrolled in Graduate School (Yes or No)
1. You, the student	-----	-----	Stonehill College	-----	-----
2.	Parent 1/Stepparent		-----	-----	-----
3.	Parent 2/Stepparent		-----	-----	-----
4.					
5.					
6.					

9. Permission to Discuss Award

If you wish to give us permission to discuss your financial aid information with someone other than yourself and your custodial parent(s), please contact Student Financial Services.

10. Certification Statements

All requested documents must be returned to Student Financial Services within 10 business days of the original request. Please carefully review this document to ensure that it is complete before submitting to Student Financial Services.

By my signature, I certify that

- all information submitted in support of this application for financial aid is complete and accurate, and
- I understand that corrections may be made to my file based on the data I provide, and
- I understand that failure to complete this form in its entirety and return all requested documents within the above specified time frame may result in a loss of financial aid.**

Student's Signature

Custodial Parent's Signature

Date

**Return to: Student Financial Services
Stonehill College
320 Washington St, Easton, MA 02357**

Email: finaid@stonehill.edu