



**STONEHILL COLLEGE**

Student Financial Assistance

## 2019-2020 Verification Worksheet for Independent Students

**Student Name:** \_\_\_\_\_ **Stonehill ID #:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Cell Number:** (        ) \_\_\_\_\_ **Cell Phone Carrier:** \_\_\_\_\_

I give permission to Student Financial Assistance to send me text messages for important notifications. Y\_\_ N\_\_

**Please complete the Free Application for Federal Student Aid (FAFSA) at [fafsa.gov](http://fafsa.gov) prior to submitting this form.**

**Enter zero 0 or not applicable (N/A) where appropriate. DO NOT LEAVE ANY ITEM BLANK.**

### 1. Household Information

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

- Your spouse, and
- Your children if you will provide more than half of their support between July 1, 2019 and June 30, 2020
- 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 from July 1, 2019 through June 30, 2020.

Full Name	Relationship to Student	Date of birth	College this person will attend in academic year 19-20, if any	Number of credits per semester in 19-20	Student Enrolled in Graduate School (Yes or No)
1. You, the student	-----	-----	Stonehill College	-----	-----
2.	Spouse				
3.					
4.					
5.					
6.					

### 2. Employment Information

Student's Employer

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Daytime Telephone:** (        ) \_\_\_\_\_

Spouse's Employer

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Position:** \_\_\_\_\_

**Daytime Telephone:** (        ) \_\_\_\_\_

Is either the student or spouse self-employed? Yes  No  If Yes, what is the total number of businesses? \_\_\_\_\_

If more than 1 business is owned, include answers to questions directly below on a separate page. Include name & student ID on page.

Percentage of business owned by either the student or spouse: \_\_\_\_\_

Number of full-time employees: \_\_\_\_\_

What is your & your spouse's share of the value of all businesses? \_\_\_\_\_

What is your & your spouse's share of total debt? \_\_\_\_\_

Did you or your spouse claim expenses for car, travel, meals, business use of your home, and/or depreciation on Schedule C, 1065, 1120, or 1120S in 2017? Yes\_ No\_ If yes, what is the combined total of these expenses and depreciation? \$\_\_\_\_\_

**Please submit signed copies of all 2017 federal business tax returns, including the 1065, 1120, 1120S, K1, & Schedule C.**

### 3. 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.

### 4. 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 (0) if applicable. Do not include value of retirement accounts.

Type of Account	Student	Spouse
Cash	\$	\$
Investments (e.g., stocks, 529 plans)	\$	\$
Trusts, if owner or beneficiary	\$	\$

Value of Series EE bonds you or your spouse redeemed in 2017: \$ \_\_\_\_\_

Student & spouse's 2017 Taxable Interest and Dividend Income: \$ \_\_\_\_\_

### 5. Untaxed Income and Benefits in 2017

Enter (Ø) if applicable. DO NOT LEAVE ANY ITEM BLANK	Student	Spouse
Child support <b>received</b> (total for ALL children in household)	\$	\$
Worker's Compensation	\$	\$
Bills paid on your behalf by a third party	\$	\$
Other, including SSDI and Veterans' Benefits	\$	\$
Welfare (e.g. TANF) and untaxed Social Security benefits	\$	\$
Untaxed contributions to retirement- Refer to W-2s, <b>Boxes 12a through 12d, codes D,E,F,G,H, &amp; S</b> an 1040 lines 28 and 32	\$	\$
Earned Income Credit (1040 line 66a, 1040ez line 8a, 1040A line 42a)	\$	\$

**6. Child Support in 2017**

Did you or your spouse pay child support in 2017?       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 2017
			\$
			\$

**7. Permission to Discuss Award**

If you wish to give us permission to discuss your financial aid information with someone other than yourself, please contact the Registrar's Office at 508-565-1315.

**8. Certification Statements**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date this form.

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Spouse's Signature

\_\_\_\_\_  
Date

*Please return within 10 days of request in PDF format to [finaid@stonehill.edu](mailto:finaid@stonehill.edu) (enter Stonehill ID and Student Name in subject line) or mail to Student Financial Assistance, Stonehill College, 320 Washington Street, Easton, MA 02357. Photographed documents sent via email will not be accepted. Please note that a scanner is available for use in the Stonehill College library.*