



### 2021-2022 Verification Worksheet for Independent Students

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

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

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

I, the Student, 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](https://fafsa.gov) prior to submitting this form. This form should be completed by you, the student, and by your custodial parent(s). Enter zero Ø 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, 2021 and June 30, 2022
- 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, 2021 through June 30, 2022.

Full Name	Relationship to Student	Date of birth	College this person will attend in academic year 2021-2022, if any	Number of credits per semester in 2021-2022	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, please complete the table below.

Name of Business: \_\_\_\_\_ Type of Business Return Filed: 1065 1120S 1120 Schedule C

If there is more than 1 business, please include these details on a separate page. Include student name and ID on page.

Name of all owners	% owned by you	Relationship to you	Your share of Value of Business	Your share of Debt of Business	# of FTE Employees
			\$	\$	
			\$	\$	
			\$	\$	

### 3. Property Information

Property Description	Principal Residence <input type="checkbox"/> Rent <input type="checkbox"/> Own (check one)	Other 1*	Other 2*
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 2.

### 4. Sources of Untaxed Income and Benefits in 2019 (Enter Ø if not applicable)

Enter (Ø) if not applicable.	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	\$	\$
Social Security Disability Income or Veteran's Benefits	\$	\$
Welfare (e.g. TANF) and <i>untaxed</i> 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 15 and 19	\$	\$

### 5. Child Support Paid in 2019

Did you or your spouse pay child support in 2019?  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 2019
			\$
			\$

### 6. 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.

### 7. Certification Statements

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

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 Student name and Stonehill ID 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.*