

For Official Use Only VRFDEP Status:

## 2024-2025 Verification Worksheet for Dependent Students

Student Name:	Stonehill ID:
Student Cell Number:	
	tudent Aid (FAFSA) at fafsa.gov prior to submitting this form. This form our custodial parent(s). Enter zero $\emptyset$ or not applicable (N/A) where
1. Contributor Parent(s) Information	on
Include contributor 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 divorced or separated, include	le information for only the parent who provides the greater portion of the
financial support, even if student does not live with	chem; or
	f financial support during the past 12 months, or if they don't or if they
	estions about the parent with the greater income and assets. If this parent
is remarried as of today, answer the questions about	that parent and the stepparent.
Parent 1□ / Stepparent 1 □ (check one)	Parent 2 ☐ / Stepparent 2 ☐ (check one)
Name:	Name:
Cell Phone:	Cell Phone:
Street Address:	

## 2. Family Size Information

List below all persons who are living in your contributor parents' household. If more than 6 people, attach a separate page.

- -Your contributor parent(s), and
- -Your contributor parents' other children if your parent(s) will provide more than half of their support between July 1, 2024 and June 30, 2025 or if the other children would be required to provide information about your contributor parent(s) when completing the FAFSA for 2024-2025 and
- -Other people if they now live with your parents and your parents provide more than half of their support and will continue to do so from July 1, 2024 through June 30, 2025

Full Name	Relationship to student	Date of birth	College this person will attend in academic year 24-25, if any	Number of credits per semester in 24-25	Student Enrolled in Graduate School (Yes or No)
1. You, the student			Stonehill College		
	Parent 1/Stepparent 1				
2.					
	Parent 2/Stepparent 2				
3.					
4.					
5.					
6.					

Enter (Ø) if not applicable.		Student	Parent	
Child support <b>received</b> (total for <b>ALL</b> children in household)		\$	\$	
Worker's Compensation		\$	\$	
Untaxed contributions to retirement – Refer to W-2s,  Boxes 12a through 12d, codes D,E,F,G,H, & S and 1040  Schedule 1, line 15		\$	\$	
Welfare benefits (e.g. TANF) and untaxed Social Security benefits		\$	\$	
Bills paid on your behalf by a third party		\$	\$	
Social Security Disability Income or Veterans' benefits		\$	\$	
Paid	Child Support was Paid	Whom	Child	
Paid Child Support	Child Support was Paid	Support was Paid		
	Child Support was Paid	Support was	Child Support Paid in 2022	
	Child Support was Paid	Support was	Support Paid in 202	
Child Support  Permission to Discus	s Award	Support was Paid	Support Paid in 202  S	
Permission to Discus  If you wish to give us permission	s Award on to discuss your financial aid in	Support was Paid	Support Paid in 202  S	
Permission to Discus  If you wish to give us permission custodial parent(s) please indicates.	s Award on to discuss your financial aid in	Support was Paid  Paid  nformation with someone other	Support Paid in 202  S	
Permission to Discus  If you wish to give us permission custodial parent(s) please indicustodial	s Award on to discuss your financial aid in cate below: Relationship:	Support was Paid  Paid  nformation with someone other	Support Paid in 202  S	
Permission to Discus  If you wish to give us permission custodial parent(s) please indicustodial parent (s) please findicustodial parent (s) please indicustodial parent (s) please indicustod	s Award on to discuss your financial aid in cate below: Relationship:	Support was Paid  nformation with someone other	Support Paid in 202  S  S  er than yourself and your	
Child Support  Permission to Discus  If you wish to give us permission custodial parent(s) please indicustodial parent(s) pl	s Award on to discuss your financial aid in the cate below: Relationship: ents d prior to submission of this Ver	Support was Paid  nformation with someone other someone ot	Support Paid in 202  \$  er than yourself and your  le is selected for verification by	

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

Please return in PDF format to <u>finaid@stonehill.edu</u> (enter Student name and Stonehill ID in the 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.