2023-2024 Independent Verification Worksheet

Student's Last Name	First Name	M.	I. N	MMC ID Number	
Student's Cell Phone				Student's Date of Birth	
compare your FAFSA	SA was selected for Fed data with the information	n on this form an	d other require	ou provided correct inforr d documents. If there are sit www.mmm.edu/verifica	differences, your
☐ Use t☐ 2021 WE CANNOT PROCI	W2s for Student (and S	ool <u>OR</u> 2021 IRS pouse), if wages AID UNTIL VER	Tax Transcript earned IFICATION HA	t for Student (and Spouse)	•
B. Student Marita	I Status: Check the b	oox that applies			
☐ Married/Remarried	□ Never Married □ Divo	rced or Separated	☐ Unmarried and	both parents living together	□ Widowed
NOTE: If student is re	/married or unmarried a	nd living together	, we also requi	ire tax information for your	r partner
C. Household Inf	ormation:	ouro to includo:			

List below the people in your household. Be sure to include:

- The student
- The student's spouse, if married
- The student's or spouse's children if the student or spouse will provide <u>more than half</u> of their support from July 1, 2023 through June 30, 2024, even if the child does not live with the student
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2024
- If anyone listed below was not claimed on your federal tax return, explain why in the Explanation Section

Include the name of the college for students who will be enrolled, <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023 and June 30, 2024. *If more space is needed, attach a separate page with the student's name and MMC ID number at the top*

Full Name	Age	Relationship	College Name	Half-time/ Full Time	Expected Grad Date
		Self	Marymount Manhattan College	Full-Time	

Explanation Section: _			

Last Name	Γiν	ert Nama		NANAC ID.		
ast Name:		st Name:	DOV DELOW	MMC ID:		
. Student and Spouse's Inco	ome information:	CHECK ONE	BOX BELOW	AND COMPLETE I	ABLE	
The student (and spouse) was	not employed had	no income earn	ed in 2021, and	was not required to fi	ile	
The student (and spouse) had				mae not required to n		
The student (and spouse) filed	-	•		tax info to the FAFSA		
The student (and spouse) filed 2021 IRS Tax Return Transcr	and was unable or					
st below the names of all employ nployer you received earnings from					ued. List ev	
Wage Earner's Name	Employer's Name		2021	Payment Type		
			Earnings	(check on	ie)	
				□W2 □1099 □Cas	sh/Check	
				□W2 □1099 □Cas	sh/Check	
				□W2 □1099 □Cas	sh/Check	
				□W2 □1099 □Cas	sh/Check	
				□W2 □1099 □Cas	sh/Check	
Certification & Signature ach person signing below certified formation reported is complete and the Student and one parent whose person as the SASA must signed.	es s that all of the nd correct. information was		WARNING: If you misleading inforn	purposely give false or lation you may be fined, ed to jail, or both.		
ported on the FAFSA must sign a yped signatures are not accep		and signed				
			Student's Spouse's Signature (if applicable) (Do not use typed fonts) Date			
(20)		(20 400	-,, p = 0			