



Student Financial  
& Registration Services

**2016–2017 INDEPENDENT VERIFICATION WORKSHEET**

Your Federal aid application was selected for review in a process called “verification.” In this process, The CIA’s Student Financial & Registration Services Office will be comparing information from your aid application with data from the IRS and this worksheet. **If we find conflicting information between these documents and your FAFSA, we may request additional information from you.**

**Your financial aid will not be processed until verification is completed.** We must review the requested information under the financial aid program rules (CFR Title 34, Part 668). If we find errors on your FAFSA, we will process the corrections electronically.

**Return completed form to: The Student Financial & Registration Services Office, The Culinary Institute of America, 1946 Campus Drive, Hyde Park, NY 12538.** If you should have questions, call us at 845-451-1500. You may fax information to us at 845-905-4030, or scan and e-mail to [SFRS@culinary.edu](mailto:SFRS@culinary.edu). Please indicate the student’s full name on all documents.

**A. STUDENT INFORMATION**

Student’s Last Name	First Name	MI	Student’s Date of Birth
Student’s Email Address			Student’s Home Phone Number
Student’s Cell Phone Number			Student ID# (if applicable)

**B. HOUSEHOLD INFORMATION**

For section B. Household Information below, write the names of all people you (and your spouse) will support between July 1, 2016 and June 30, 2017. Include yourself, your spouse and your dependent children and others (if you provide more than half of their support). Under “Current College Name,” count yourself as a college student at CIA. Also write in the name of the college for any other household member who will attend at least half time in 2016–17 in a program that leads to a college degree or certificate.

**If additional room is needed, attach a separate sheet of paper with names, ages, relationships, and current college name.**

Full Name (first, mi, last)	Age*	Relationship to you	Current College Name Only**
<i>Example: Missy Jones</i>	<i>31</i>	<i>Spouse</i>	<i>Dutchess Community College</i>
		<b>SELF</b>	<b>The Culinary Institute of America</b>

\*List ages as of the date you completed the 2016–17 FAFSA application. \*\*Do not list elementary, high schools or previously attended colleges.

Student Name: \_\_\_\_\_

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**C. TAX RETURN AND INCOME INFORMATION**

Check the people listed on your 2016–17 FAFSA below who **DID** file a 2015 Federal income tax return:

- YOU                       YOUR SPOUSE

Check the people listed on your 2016–17 FAFSA below who **did NOT file and are not required to file** a 2015 Federal income tax return:

- YOU                       YOUR SPOUSE

If you or your spouse **did not file** a 2015 tax return but earned money in 2015, list earnings below and **submit** copies of all 2015 W-2's.

Relationship to you	Employment	Earnings in 2015
<i>Example: Self</i>	<i>Wal-Mart, Housekeeping and Lawn Mowing</i>	<i>\$1,000, \$400 and \$370</i>
Self		
Spouse		

**Important Information:** To obtain an IRS tax return transcript, go to [www.irs.gov](http://www.irs.gov) and click on the "Order a Return or Account Transcript" link. Make sure to request the "IRS tax return transcript." You will need your Social Security Number, date of birth, and the address on file with the IRS (normally this will be the address used when the 2015 IRS tax return was filed). It takes up to two weeks for IRS income information to be available for electronic IRS tax return filers, and up to eight weeks for paper IRS tax return filers.

**D. SNAP BENEFIT INFORMATION**

Check this box if one of the persons listed in section B (Household Information) of this worksheet received benefits from the Supplement Nutrition Assistance Program or (SNAP), formerly known as food stamps, any time during 2014 and/or 2015. If asked by the student's school, you will need to provide documentation of the receipt of SNAP benefits during 2014 and/or 2015. Leave unchecked if NO ONE in section B. of this worksheet received SNAP benefits during 2014 and/or 2015.

**E. CHILD SUPPORT INFORMATION**

Complete this section if the student and or student's spouse **PAID** child support in 2015. The student has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of the child support that was paid in 2015 for each child. If asked by the school, you will need to provide documentation of the payment of child support.

Name of person who PAID child support	Name of person who RECEIVED child support	Name of child whom support was paid	Annual amount of child support paid/received in 2015
<i>Example: Pat Jones</i>	<i>Chris Miller</i>	<i>Jane Jones</i>	<i>\$6,000</i>

**F. CERTIFICATION**

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. Student and spouse must sign. Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail or both.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

\_\_\_\_\_  
Date