

MCLA

2017-2018 Verification Worksheet

Please return form to:
 MCLA Financial Aid Office
 375 Church St. North Adams, MA 01247
 Tel: 413.662.5219 - Fax: 413.662.5105

PLEASE COMPLETE AND ATTACH ALL OF THE REQUESTED INFORMATION.

STEP 1: Student Information

Please provide **LEGAL NAME** -

 Last Name First Name M.I.

 Social Security Number

 Street Address (include apt. #.)

 Date of Birth

 City State Zip Code

 Student's Email Address

 Home Phone Number (include area code)

 Alternate or Cell Phone

STEP 2: Family Information

Fill in the chart below. Be sure to include:

- Yourself and
- Your parent(s) (including a step-parent)
You must include your parent(s) if you are a dependent student.
- Other dependent children of your parent(s),
 --If your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018.
- Other people,
 --If they now live with your parent(s) and your parent(s) will provide more than half of their support and will provide more than half of their support between July 1, 2017 through June 30, 2018.

Self-Supporting Students

- Yourself
- Your spouse (if you are married)
- Your children, if you will provide more than half of their support between July 1, 2017 and June 30, 2018
- Other people, only if they live in your household and you will provide more than half of their support between July 1, 2017 and June 30, 2018

FULL NAME	AGE	RELATIONSHIP	NAME OF COLLEGE/UNIVERSITY (IF AT LEAST HALF-TIME FOR 2017-2018)
		<i>You - the student</i>	<i>MCLA</i>

STEP 3: STUDENT TAX & INCOME INFORMATION FOR THE 2015 CALENDAR YEAR.

Check **ONLY ONE**:

I am attaching a signed copy of my 2015 Federal Tax Return.

I was not required to file a 2015 Federal Tax Return.

If you are not required to file a 2015 Federal Tax Return, please complete the chart below (if applicable):

Employer's Name	2015 Amount Earned	IRS W-2 Attached?

STEP 4: PARENT OR SPOUSE TAX & INCOME INFORMATION FOR THE 2015 CALENDAR YEAR.

Refer to the chart in STEP 2. If you included a parent or spouse in your Family Information, you **must** complete this section.

Check **ONLY ONE**:

I am attaching a signed copy of my parent(s) or my spouse's 2015 Federal Tax Return.

My parent(s) or my spouse was not required to file a 2015 Federal Tax Return.

If your parent(s) or your spouse is not required to file a 2015 Federal Tax Return, please complete the chart below (if applicable):

Employer's Name	2015 Amount Earned	IRS W-2 Attached?

STEP 5: CERTIFICATION By signing this worksheet, I certify all of the information report is complete and correct.

Student Signature

Date

Parent OR Spouse Signature (if applicable)

Date