

Financial Aid Office finaid@morrisville.edu

4<sup>th</sup> Floor Administration Bldg.

Phone 315-684-6289 Fax 315-684-6628

## 2019-2020 INDEPENDENT VERIFICATION WORKSHEET

A. Student's Information			
Student's Last Name	First Name	Date of Birth	Student's Social Security
B. Family Informat	ion		
List ALL people who we he name of the college			6/30/20. IF they attend college, write
Name	Age	Relationship	College
		Self	SUNY Morrisville
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D. Spouse Income (Spouse filed a 2017Spouse was not empSpouse was employ	If married) – You Federal Income Tax Foloyed and had no income to the control of	must check one Return ome from work in 201 file taxes to the Financial Aid	l Office along with the Tax Return
Student Signature		Spouse Signature	