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2013-2014 Quality Assurance Worksheet for Federal Student Aid

Stony Brook University participates in the Federal Student Aid Quality Assurance Program. The Quality Assurance Program allows schools to promote better service to students, compliance and continuous improvement in program delivery. Your application was randomly selected for verification for this program. Please submit this form along with any other documents requested. Federal Financial Aid cannot be processed until the file is complete. If there are any adjustments needed on your application based on the information submitted we will make those corrections electronically. FAFSA corrections may result in adjustments to your 2013-2014 financial aid awards. Financial aid awards can be viewed via Stony Brook's online SOLAR system at www.stonybrook.edu.

Failure to submit the requested information in a timely manner will result in the cancellation of your 2013-2014 federal aid.

A. Student Information:

Last Name

First Name

MI

Stony Brook ID #

Address (include apt. #)

City

State

Zip Code

Date of Birth (mm/dd/yyyy)

Home Phone Number

Student's Cell Phone Number

B. Dependency Information:

If you answer YES to ANY question in section B below you are considered *Independent* for Federal financial aid purposes and should only include information for yourself.

If you answered NO to ALL questions in section B below you are considered *Dependent* for Federal financial aid purposes and must provide parent information on this worksheet.

Were you born before January 1, 1990? Date of birth _____	<input type="checkbox"/>	Yes	At any time on or after July 1, 2012, did your high school or school district homeless liaison determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At the beginning of the 2013-2014 school year, will you be working on a master's or doctorate program?	<input type="checkbox"/>	Yes	As of today, are you married? (Answer "Yes" if you are separated, but not divorced.)	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Do you have children who will receive more than half of their support from you between July 1, 2013, and June 30, 2014?	<input type="checkbox"/>	Yes	Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2014?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training?	<input type="checkbox"/>	Yes	Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
Are you, or were you an emancipated minor as determined by a court in your state of legal residence at the time you received the determination?	<input type="checkbox"/>	Yes	Are you, or were you in legal guardianship as determined by a court in your state of legal residence at the time you received the determination?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At any time on or after July 1, 2012, did the director of a runaway or homeless youth basic center or transitional living program determine that you were an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless?	<input type="checkbox"/>	Yes	At any time on or after July 1, 2012, did the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development determine that you were an unaccompanied youth who was homeless?	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	No		<input type="checkbox"/>	No
At any time since you turned age 13, were both your parents deceased, were you in foster care or were you a dependent or ward of the court?	<input type="checkbox"/>	Yes			
	<input type="checkbox"/>	No			

What is your parent's current marital status?

- Married/Remarried Widowed
 Single Divorced/Separated* _____
Month/Year of status

* If Divorced/Separated, who is your Custodial Parent? Mother Father

If a custodial parent is remarried, their spouse's information is required on this form.

Dependent Students: List information for all family members in your parent's household, include:

- **Yourself, and your parent(s)**, (including stepparent) even if you do not live with your parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2013, through June 30, 2014, or if the other children would be required to provide parental information if they were completing a FAFSA for 2013 – 2014. Include children who meet either of these standards even if the children do not live with the parents.
- 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, 2013 through June 30, 2014.
- If Additional space is needed, use the back of the form

Independent Students: List information for all family members in your household, include:

- **Yourself and your spouse** if you have one.
- **Your children**, if you provide more than half of their support.
- Other people, if they **live** with you **AND** you provide more than half of their support and will continue to do so through June 30, 2014.

Family Member Name	Relationship to Student	Age	University/College Attending at least half time during 2013-2014
	STUDENT (self)		Stony Brook University

D. Income Information for Non – Tax Filers:

The instructions and certifications below apply to the student and spouse, if the student is married. Complete this section if the student and spouse will not file and are not required to file a 2012 income tax return with the IRS.

STUDENT MUST CHECK ONE BELOW:

- I filed a 2012 Federal Tax Return (PLEASE SKIP THE REST OF THIS SECTION)
- The student and spouse were not employed and had no income earned from work in 2012.
- The student and/or spouse were employed in 2012 and have listed below the names of all employers, the amount earned from each employer in 2012, and whether an IRS W-2 form is provided. [Provide copies of all 2012 IRS W-2 forms issued to the student and spouse by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer	2012 Amount Earned	IRS W-2 Provided? (Yes/No)
<i>Suzy's Auto Body Shop (Example)</i>	<i>\$2000.00</i>	<i>Yes</i>

PARENT(S) MUST CHECK ONE BELOW:

- I filed a 2012 Federal Tax Return (PLEASE SKIP THE REST OF THIS SECTION)
- Neither parent was employed, and did not earn income from work in 2012.
- One or both parents were employed in 2012 and have listed below the names of all employers, the amount earned from each employer in 2012, and whether an IRS W-2 form is provided. [Provide copies of all 2012 IRS W-2 forms issued to the parents by their employers]. List every employer even if the employer did not issue an IRS W-2 form.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Employer	2012 Amount Earned	IRS W-2 Provided? (Yes/No)
<i>Suzy's Auto Body Shop (Example)</i>	<i>\$2000.00</i>	<i>Yes</i>

E. Receipt of SNAP Benefits:

Did anyone listed in your parent(s) household receive assistance from the SNAP (Food Stamp) program during 2011 or 2012? YES NO

Note: if we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued SNAP benefits in 2011 or 2012.

F. Child Support Paid:

Did you or your parent pay child support during the year 2012? YES NO

If the answer to the above question is "yes", please list the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2012 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support		
Name of Person to Whom Child Support was Paid		
Amount Paid in 2012	\$	\$
Names of Children for Whom Support was Paid		

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

G. Sign This Worksheet: (Verification will not be completed without signatures)

Student and at least one parent (If dependent student) must sign.

By signing this worksheet we certify that all of the information reported is complete and correct.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

Financial Aid Mailing and Contact Information

Please mail or fax all documents to the appropriate financial aid department listed below. Be sure to include the student's name and **Stony Brook ID** on all correspondence.

School of Medicine

Office of Student Affairs
HSC Level 4, Room 147
Stony Brook, NY 11794-8436
Telephone: 631-444-2341
Fax: 631-444-8921
mallen@notes.cc.sunysb.edu

School of Dental Medicine

Office of Academic Affairs, Admissions
115 Rockland Hall, Financial Aid
Stony Brook, NY 11794-8709
Telephone: 631-632-3027
Fax: 631-632-7130
Deborah.Schade@stonybrook.edu

Schools of Nursing, Social Welfare, Health Technology and Management, and the Graduate Program in Public Health and Nutrition:

Health Sciences Office of Student Services
Health Sciences Tower Level 2, Room 271 Stony brook, NY 11794-8276
Telephone: 631-444-2111
Fax: 631-444-6035
hscstudentservices@stonybrook.edu

All Other Graduate and Undergraduate Programs

Office of Student Financial Aid Services
Administration Building Room 180
Stony Brook, NY 11794-0851
Telephone: 631-632-6840
Fax: 631-632-9525
fnaid@stonybrook.edu
