



## 2024–2025 INDEPENDENT VERIFICATION WORKSHEET

Your federal aid application was selected for review in a process called “verification.” In this process, CIA’s Student Financial and Registration Services Office will be comparing information from your FAFSA with data from the 2022 IRS tax return and this worksheet. **If we find conflicting information, 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. If we find errors on your FAFSA, we will process the corrections electronically.

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

### A. STUDENT INFORMATION

### B. HOUSEHOLD INFORMATION

For section B, list the people you (and your spouse) will support between July 1, 2024 and June 30, 2025. Include yourself, your spouse, your dependent children and others (if you provide more than half of their financial support).

\*List ages as of the date you completed the 2024–25 FAFSA application.

*If additional room is needed, attach*

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### C. TAX INFORMATION

Check the below box to indicate whether you or your spouse (if applicable) filed a 2022 Federal tax return:

Who **DID** file a **2022** Federal income tax return:

- YOU                       YOUR SPOUSE

Who **did NOT file and is not required to file** a **2022** Federal income tax return:

- YOU                       YOUR SPOUSE

### D. CERTIFICATION

**By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct. Parent and student 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 Signature (*Optional*)

\_\_\_\_\_  
Date

**Note: We cannot accept electronic signatures**