

Dependent Verification Worksheet

Student's Name: _____ Email: _____

Student ID: _____ SSN: _____ Date of Birth: _____ Phone: _____

Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. Please answer the following questions to verify information reported on your FAFSA, then electronically sign the document by pressing 'Sign' and submit the form by clicking 'Finish'.

CUSTODIAL PARENT MARITAL STATUS

What was your **CUSTODIAL PARENT(s)** marital status as of the date you filed your FAFSA?

- Parent Single (Never Married)
 Parent(s) Married/Remarried (Date: _____)
- Parent(s) Not Married but Living Together
 Parent's Divorced or Separated (Date: _____)
 Parent Widowed (Date: _____)

HOUSEHOLD SIZE

List the people in your custodial parents household. Include:

- Yourself and your custodial parent(s) (including a stepparent), even if you live on campus/on your own.
- Your parent(s) other children, even if they live on campus/on their own, IF your parents will provide more than half of their financial support from July 1, 2020 through June 30, 2021 OR they would be considered dependent if they filed a FAFSA (they are under 24, unmarried, and do not have their own children.)
- Include other people if they now live with your parent(s) AND your parent(s) provided more than half of their support and will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Name of Family Member	Relationship to Student	Date of Birth	Email Address
	Self		

COLLEGE ENROLLMENT

Write in the name of the U.S. college/university for any household members listed above who will attend college at **least half-time** between July 1, 2020 and June 30, 2021. You may include others only if they are enrolled at least half-time in a program that leads to a college degree or certificate. Do not include siblings who are enrolled in a U.S. Military service academy.

(DO NOT INCLUDE PARENTS)

Name of Family Member	College Name
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Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

STUDENT 2018 INCOME INFORMATION

- I filed a 2018 Tax Return. **OR**
- I will file a 2018 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

- I, _____ am not required to file a 2018 Tax Return.

Student's Name

*Complete this section if you **DID NOT** file a 2018 Tax Return.*

Did you earn wages in 2018? Yes No

Employer's Name	Total Amount Earned in 2018
	\$
	\$
	\$

PARENT 2017 INCOME INFORMATION

- I/we filed a 2018 Tax Return. **OR**
- I/we will file a 2018 Tax Return (was granted an extension by the IRS beyond the automatic six-months)

OR

- I/we, _____ are not required to file a 2018 Tax Return. (complete if applicable)

Parent(s) Name

*Complete this section if your parent(s) **DID NOT** file a 2018 Tax Return. Did your parent(s) earn wages in 2018?* Yes No

Name of the Person Who Worked	Employer's Name	Total Amount Earned in 2017
		\$
		\$
		\$



CERTIFICATION

By signing below, I/we acknowledge and confirm that the above information is complete and correct. Purposely giving false or misleading information may result in federal fines, jail sentence, or both.

Student

Date

Parent

Date