

Independent 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'. **MARITAL STATUS**

What was your marital status as of the date you filed your FAFSA?

- Single (Never Married) Married/Remarried (Date: _____)
 Separated (Date: _____) Divorced or Widowed (Date: _____)

HOUSEHOLD SIZE

List the people in your household, including:

- Yourself (and your spouse, if applicable).
- Your children only if you and/or your spouse will provide more than half of their support from July 1, 2020 through June 30, 2021.
- Other people if they now live with you AND you or your spouse 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
	Self	

COLLEGE ENROLLMENT

Write in the name of the college/university for any household members listed above who will attend college at **least half-time** between July 1, 2020 and June 30, 2021 and will be enrolled in a degree, diploma, or certificate program.

Name of Family Member	College Name

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**

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

- I, _____ am not required to file a 2018 Tax Return.
- Student's Name

Did you earn wages in 2018? Yes No

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

Spouse 2018 Income Information Spouse's

SSN: _____

- 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**

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

- My Spouse, _____ was not required to file a 2018 Tax Return. (complete if applicable)
- Spouse's Name

Did you earn wages in 2018? Yes No

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

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