2019-2020 Household Information Verification Worksheet **V1B-Dependent Student**

Your 2019–2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

| Student's Last Name | Student's First Name | | Student's M.I. | Student's S | Student's Social Security Number | |
|--|---|--|--|---|---|--|
| Student's Street Address (include apt. no.) | | | | Student's D | Student's Date of Birth | |
| City | State | | Zip Code | Student's Email Address | | |
| Student's Home Phone Nu | mber (include ar | ea code) | | Student's A | Iternate or Cell Phone Numb | |
| ımber of Household Membe | ers and Number | rin College | | | | |
| continue to provide more mber in College: Please incluse in a degree, diploma, or ced June 30, 2020. Include the more space is needed, provide | live with the pare than half of thei ude in the space rtificate program name of the col e a separate pag | ents and the par support through below informating at an eligible plege. | rents provide more to gh June 30, 2020. Ion about any house ostsecondary educa ent's name and ID n | han half of the other hold member who tional institution at umber at the top. | er people's support and will is, or will be, enrolled <u>at least</u> any time between July 1, 20 | |
| Full Name | Age | Relationship | | ollege | Will be Enrolled at Least Half Time (Yes or No) | |
| | | Self | | | | |
| | | | | | | |
| | | | | | | |
| ote: We may require additiona rolled in eligible postseconda | | | | e information regai | rding the household member | |
| noch porson signing below cortifies that all of the information reported | | | | WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both. | | |
| | | | | _ | | |
| nt Student's Name | | | Student's ID Numbe | er . | | |
| ident's Signature (Required) | | | Date | _ | | |

Date

Parent's Signature (Required)