

2016–2017 Verification Worksheet

Independent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in process called verification. The law says that before disbursing Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a spouse, if married, whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to the financial aid office. We may ask for additional information, if necessary for clarification. If you have questions about verification, contact the financial aid office as soon as possible so that your financial aid will not be delayed.

A. Independent Student’s Information

Student’s Last Name	First Name	M.I.	Student’s ID Number
Student’s Street Address (include apt. no.)			Student’s Date of Birth
City	State	Zip Code	Student’s Email Address
Student’s Home Phone Number (include area code)			Student’s Alternate or Cell Phone Number

B. Independent Student’s Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Please include in the space below information about any household member, who is or will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017. Include the name of the college.

Full Name	Age	Relationship	University/College	Will be Enrolled at Least Half Time
		<i>Self</i>	<i>Caldwell University</i>	

If more space is needed, attach a separate page with your name and Social Security Number at the top.

Student's Name: _____ ID Number _____

D. Independent Student's Other Information to Be Verified

1. Complete this section if someone in the student's household (listed in Section B) received benefits from the **Supplemental Nutrition Assistance Program or SNAP** (formerly known as food stamps) any time during the 2014 or 2015 calendar years.

One of the persons listed in Section B of this worksheet received **SNAP** benefits in 2014 or 2015. If asked by my school, I will provide documentation of the receipt of **SNAP** benefits during 2014 and/or 2015.

2. Complete this section if you or your spouse, if married, paid **Child Support** in 2015.

Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by my school, I will provide documentation of the payment of child support.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Marty Jones(example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

If you need more space, attach a separate page that includes your name and ID Number at the top.

E. Certification and Signature

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and spouse if married, whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Spouse's Signature

Date

Submit this worksheet to the financial aid administrator at your school.

You should make a copy of this worksheet for your records.