**2019-2020 Household Size Verification Worksheet**

**Independent 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 spouse (if married) 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 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.

**A. Independent Student’s Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  |  |  |
| Student’s Last Name |  | Student’s First Name | | |  | MI |  | Student’s SSN or ID Number |
|  | | | | | | |  |  |
| Student’s Street Address (include apt. no.) | | | | | |  |  | Student’s Date of Birth |
|  | | | | | |  |  |  |
| City |  | State |  | Zip | | |  | Student’s Email Address |
|  |  |  |  |  | | | | |
| Student’s Phone Number | | |  | Student’s Alternate or Cell Phone Number | | | | |

**B. Independent Student’s Family Information**

Number of Household Members: List below the people in the student’s household. Include:

* The student.
* The student’s spouse, if the student is married.
* The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2019, through June 30, 2020, even if a child does not live with the student.
* Other people if they now live with the student and the student or spouse provides more than half of the other person’s support and will continue to provide more than half of that person’s support through June 30, 2020.

Number in College: 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 an eligible postsecondary educational institution any time between July 1, 2019, and June 30, 2020, include the name of the college.

If more space is needed, provide a separate page with the student’s name and ID number at the top.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full Name** | **Age** | **Relationship** | **College** | **Will be Enrolled at**  **Least Half Time** |
| *Missy Jones (example)* | *28* | *Spouse* | *Central University* | *Yes* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**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.

**C. Certification and Signatures**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

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

**The student must sign and date this form.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student’s Signature |  | Date |
|  |  |  |
| Spouse’s Signature (optional) |  | Date |

***Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.***

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