

17IVER
Independent Worksheet
Verification Form



Student Name: _____

Student ID#: A _____

Address: _____

Preferred Contact Phone #: _____

Date of Birth: ____/____/____

Instructions:

Your **2016-2017 FAFSA** was selected for verification and you need to complete and submit this form, along with any other required documents, to the Financial Aid Office. Please list the people in your household, including:

- Yourself;
- Your spouse, if you are married;
- Your or your spouse’s children if you or your spouse will provide more than half of the children’s support from **July 1, 2016**, through **June 30, 2017**, even if the children do not live with you.
- Other people if they now live with you and you or your spouse provide more than half of the other people’s support and will continue to provide more than half of their support through **June 30, 2017**.
- Please also include the name of the college for any household member who 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**.
- Attach a separate page with your name and Student ID at the top if more space is necessary.

Section I: Household Members

Full Name	Age	Relationship	College	Enrolled at least ½ time?
Jane Doe (example)	28	SPOUSE	Gulf Coast State College	Yes
		SELF	Gulf Coast State College	

Section II: Certification

I hereby certify that all the information contained in this document is true and complete. I have not knowingly or intentionally provided any false statements or fraudulent documentation. I understand that I may be fined, sentenced to jail or both if I am found to have knowingly or intentionally given false, fraudulent or misleading information.

Student’s Signature: _____

Date: _____

Spouse’s Signature: _____

Date: _____