

18IVER **Independent Worksheet Verification Form Financial Aid Office**

lent Name:			Student ID#: A		
lress:					
our 2017-2018 FAFSA was selected for verification and you need to complete and submit this form, along with any other required ocuments, 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, 2017, arough June 30, 2018, 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, 2018. Please also include the name of the college for any household member who will be enrolled at least half time, in a degree, diplomer certificate program at a postsecondary educational institution any time between July 1, 2017 and June 30, 2018. Attach a separate page with your name and Student ID at the top if more space is necessary.					
Full Name	rs Age	Relationship	College	Enrolled at least ½ time?	
Jane Doe (example)	28	SPOUSE	Gulf Coast State College	Yes	
cano zoo (onampio)		SELF	Gulf Coast State College		
ction II: Certification reby certify that all the information vided any false statements or fraud e knowingly or intentionally given	ulent docume	ntation. I understan	d that I may be fined, sentenced		

Spouse's Signature:

Date: _____