

2019-2020

Independent Student Verification Worksheet

A. Student Information

First Name	MI	Last Name	Social Security Number OR Student ID	
Current Address (Include apt. #)			Date of Birth	
City	State	ZIP Code	Telephone Number	

B. Family Information

IMPORTANT! Please carefully read numbers 1-5 below to ensure you properly <u>complete the Family Information Box at the bottom of this page</u>.

- 1. Student Write your name and age on the first line.
- 2. **List the name and age of your spouse, if married.** Include your spouse's information if you were married prior to filling out the FAFSA.
- 3. **List your children/step-children** on the remaining lines, <u>if you will provide more than 50% of their support from July 1, 2019 through June 30, 2020 **OR** if the children would be required to provide parental information when applying for federal student aid, in the Family Information Box below.</u>
- 4. **List other people** (grandparent, grandchild, cousin, etc.) <u>only if they now live with you and you provide more than 50% of</u> their support and will continue to provide the support from July 1, 2019 to June 30, 2020.
- 5. Write in the name of the college/university for any degree-seeking household member listed in Section B that will be enrolled at least half time between July 1, 2019 and June 30, 2020. Do not indicate that your children are attending college if they are in high school and taking college courses.
- Family Information Box If you need more space, attach a separate page.

Full Name	Age	Relationship to Student	Name of College
1.		SELF	Mayville State University
2.			
3.			
4.			
5.			
6.			
7.			

Student Name	Student ID #					
C. 2017 Earned Income Information						
Please check (✓) the box if you had zero income: Stu	udent Spo	ouse 🗌				
If a box was checked above, attach a written statement explaini in your household.	ing the means of 2017	inancial support for the	people listed			
If you (and/or your spouse, if married) earned income by working in tax return, list all of your (and/or your spouse, if married) 2017 eand attach W-2(s).			uired to file a			
Name of Employer/Source of Income	St	udent Spouse				
Name of Employer/Source of income	Aı	nount Amoun				
	\$	\$				
	\$	\$				
	\$	\$				
	Ψ	Ψ				
What was the total amount of child support <i>paid</i> in 2017? \$ Name of the person to whom child support was paid: Name of the child/children for whom the child support was paid: 2. Did you earn Federal Work-Study funds in 2017? At what C You must attach a copy of your W-2(s) for these earnings. 3. Did you or anyone in your household receive food stamps (SNAF If yes, who received this benefit? Student Parente For which year(s)? 2017 2018 You must attach a copy of the benefit card or eligibility letters.	☐ No college/University? P) in 2017 or 2018? ☐ Y (s) ☐ Other	∕es □ No				
E. Sign this Worksheet						
The information provided on this form is true and complete to the be	est of my knowledge. I u	nderstand that purposely	giving false o			
misleading information may result in a fine of up to \$20,000, impriso	nment, or both.					
Student:		Date:				
Warning: If you purposely give false or misleading information on this work	ksheet, you may be fined. s	entenced to jail or both.				
	ksneet, you may be fined, s	entenced to jail or both.				
 ✓ Is this worksheet completely filled out? ✓ Did you remember to include all requested documentation 	?					
✓ Did you provide copies that we can keep?	· -					
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Form can be mailed, dropped off, or emailed to the Financial Aid Office using the information below.