



2016-2017

## 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 complete the Family Information Box at the bottom of this page.

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, if you will provide more than 50% of their support from July 1, 2016 through June 30, 2017 OR if the children would be required to provide parental information when applying for federal student aid, in the Family Information Box below.
4. **List other people** (grandparent, grandchild, cousin, etc.) only if they now live with you and you provide more than 50% of their support and will continue to provide the support from July 1, 2016 to June 30, 2017.
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, 2016 and June 30, 2017. **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.        |     |                         |                           |

### C. 2015 Earned Income Information

Please check (✓) the box if you had zero income:

Student ☐

Spouse ☐

If a box was checked above, attach a written statement explaining the means of 2015 financial support for the people listed in your household.

If you (and/or your spouse, if married) earned income by working in 2015 but did not file a tax return and were not required to file a tax return, list all of your (and/or your spouse, if married) 2015 employers and the amount earned at each job and attach W-2(s).

| Name of Employer/Source of Income | Student Amount | Spouse Amount |
|-----------------------------------|----------------|---------------|
|                                   | \$             | \$            |
|                                   | \$             | \$            |
|                                   | \$             | \$            |
|                                   | \$             | \$            |

### D. Additional Financial Information

1. Did you (or your spouse, if married) **pay out** child support in 2015? ☐ Yes ☐ No

*Do not include support paid for children listed in section B on the front of this worksheet.*

If yes, who paid the child support? ☐ Student ☐ Spouse

What was the total amount of child support **paid** in 2015? \$

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 2015? ☐ Yes ☐ No

If yes, total amount earned in 2015? \$ At what College/University?

**You must attach a copy of your W-2(s) for these earnings.**

3. Did you or anyone in your household receive food stamps (SNAP) in 2014 or 2015? ☐ Yes ☐ No

If yes, who received this benefit? ☐ Student ☐ Parent(s) ☐ Other

For which year(s)? ☐ 2014 ☐ 2015

**You must attach a copy of the benefit card or eligibility letter from the agency that issues the Food Stamps benefit.**

### E. Sign this Worksheet

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in a fine of up to \$20,000, imprisonment, or both.

Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced 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?

**Form can be mailed, dropped off, or emailed to the Financial Aid Office using the information below.**

Mailing address: Mayville State University • Financial Aid Office • 330 Third Street NE • Mayville, ND 58257  
Phone: 1.800.437.4104 ext. 34893 or 701.788.4893 • E-mail: [Susan.cordahl@mayvillestate.edu](mailto:Susan.cordahl@mayvillestate.edu)

Revised: 3/2016