

2018-2019

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, 2018 through June 30, 2019 **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, 2018 to June 30, 2019.
- 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, 2018 and June 30, 2019. 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 Stude	Student ID #				
C. 2016 Earned Income Information					
Please check (✓) the box if you had zero income: Student	Spous	e 🗆			
If a box was checked above, attach a written statement explaining the r in your household.	neans of 2016 fina	ncial support for the peopl	e listed		
If you (and/or your spouse, if married) earned income by working in 2016 butax return, list all of your (and/or your spouse, if married) 2016 employed and attach W-2(s).			o file a		
Name of Employer/Source of Income	Stude	•			
, ,	Amoı \$	ant Amount \$			
	\$	\$			
	\$	\$			
	\$	\$			
What was the total amount of child support <i>paid</i> in 2016? \$	☐ No Iniversity? 6 or 2017? ☐ Yes Other	□ No	-		
E. Sign this Worksheet					
The information provided on this form is true and complete to the best of my misleading information may result in a fine of up to \$20,000, imprisonment, or	•	stand that purposely giving	false or		
Student:	Date	:			
Warning: If you purposely give false or misleading information on this worksheet, yo	ou may be fined, sente	nced to jail or both.			
 ✓ Is this worksheet completely filled out? ✓ Did you remember to include all requested documentation? 					
✓ Did you provide <u>copies</u> that we can keep?					

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