

HOUSEHOLD VERIFICATION WORKSHEET



PERSONALLY IDENTIFIABLE INFORMATION

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact STUDENT FINANCIAL SERVICES as soon as possible so that your financial aid will not be delayed.

1 DEPENDENT STUDENT'S INFORMATION

Student's Last Name	Student's First Name	Student's M.I.	Student's Identification (ID) Number		
Student's Address		Student's Date of Birth			
City	State	Zip Code	Student's Email Address		
Student's Home Phone I	Number	Student's Alternate or Cell Phone Number			
2 DEPENDENT STUDENT	'S FAMILY INFORMATION		ENDENT STUDENT'S FAMILY INFORMATION		
List below the people in your p	parent(s)' household. Include:	List below the	List below the people in your household. Include:		

A.- Yourself

B.- Your parents (including a stepparent) even if you do not live with your parents.

C.- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2024 through June 30, 2025, or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025. Include children who meet either of these standards, even if they do not live with your parent(s). D.- Other people if they now live with your parent(s) and your parent(s) provide

D.- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2025. A.- Yourself

B.- Your spouse, if you are married. C.- Yours or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2024, through June 30, 2025 even if they do not live with you .

Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2025.

Include the name of the college for any household member, excluding your parent(s), 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, 2024, and June 30, 2025. If more space is needed, attach a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	Will be Enrolled at Least Half Time in College?	College
Missy Jones (example)	18	Sister	Yes	Central University

Note: We may require additional documentation to verify the information regarding the household members enrolled in eligible post secondary educational institutions.