

Student Information

Independent

2024-2025 Verification Worksheet

Your application was selected for review in a process called "Verification". The family size transferred directly from the IRS has been updated. Please complete the information below to verify family members reported on the FAFSA.

Last First		Middle	Social Securit	Social Security Number	
Address (include apt. no.)			Date of birth		
City	State	Zip Code	Phone Number	er (include area code)	
Family Inform	nation				
List the people i	in your household, including:				
Your collive wiOther p	th you). people if they live with you no	ore than half of their support ow and you provide more than	from July 1, 2021 a half of their su	pour submit your FAFSA. 24 through June 30, 2025 (even if they don't apport. (In order to include other people in a from July 1, 2024 through June 30, 2025.)	
Full Name		Age		Relationship	
				Self	
Signatures					
Each person sig	gning this form certifies that a orrect.	ll the information reported o	m fir m	ARNING: If you purposely give false or isleading information on this worksheet, you may ned, be sentenced to jail, or both. If you need to ake a correction to any information, please mark a	
Signatures Each person sign complete and constitutions Student		ll the information reported or Date	m fii m lii	isleading information on this worksheet, you may ned, be sentenced to jail, or both. If you need to	
Each person sig complete and co			m fii m lii	isleading information on this worksheet, you may ned, be sentenced to jail, or both. If you need to ake a correction to any information, please mark a ne through it and initial the change. Do not use	