



2017-2018 Dependent Household Verification Worksheet

Your 2017-2018 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 reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA (if applicable) must complete and sign this institutional verification document, 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 us as soon as possible so that your financial aid will not be delayed.

According to federal requirements, we must verify the number of people in your household. Please complete and return this form. Upon receipt of this information, we can continue processing your financial aid file.

Student Name _____

SSN or Student ID# _____

HOUSEHOLD INFORMATION: List the people in your household below (whether or not they will attend college).

Dependent Students: Include below:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the other children would be required to provide parental information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with your parent(s).
- 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, 2018.

FULL NAME	AGE	RELATIONSHIP	COLLEGE (<i>see below</i>)*
		<i>Self</i>	<i>Spring Arbor University</i>

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, 2017, and June 30, 2018. *If more space is needed, attach a separate page with the student's name and Social Security Number at the top.*

CERTIFICATION AND SIGNATURE

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and correct. If the student is a dependent, at least one parent must sign. Warning: If you purposely give false or misleading information on this worksheet, you may be fined \$20,000, be sentenced to prison, or both.

STUDENT'S SIGNATURE _____

DATE _____

PARENT'S SIGNATURE (DEPENDENT STUDENTS ONLY) _____

DATE _____

Return to: Spring Arbor University, 106 E Main St, Spring Arbor, MI 49283 or fax: 517-750-5555.

IF YOU HAVE QUESTIONS CONCERNING THIS FORM, CALL 517-750-2900.