Spring Arbor UNIVERSITY

Independent Household Verification Worksheet

2018 - 2019 Financial Aid

Your 2018-2019 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 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 _____ Student ID# _____

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

Independent Students: <u>Include below:</u>

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2018, through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018-2019. Include children who meet either of these standards, 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, 2019.

FULL NAME	AGE	RELATIONSHIP	COLLEGE *(see below)**
		Self	*Spring Arbor University*

Include the name of the college for any household member who will be enrolled <u>at least half time</u>, in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018, and June 30, 2019. *If more space is needed, attach a separate page with your 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 Signature _____ Date _____ Parent Signature (Dependent Student Only _____ Date _____

Return to: Spring Arbor University, Office of Financial Aid, P.O. Box 219, Spring Arbor, MI 49283 or fax: 517-750-5555.

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

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