

## 2015-2016

## **Independent Student Verification Worksheet**

## A. Student Information

First Name	MI	Last Name	Social Security Number OR Student ID		
Current Address (Inc	clude apt. #)		Date of Birth		
			() <del>-</del>		
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, 2015 through June 30, 2016 **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, 2015 to June 30, 2016.
- 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, 2015 and June 30, 2016. 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.			

Please check (✓) the box if you had zero income: Student ☐ Spouse ☐  If a box was checked above, attach a written statement explaining the means of 2014 financial support for the people listed in your household.						
in your household.						
If you (and/or your spouse, if married) earned income by working in 2014 <u>but did not file a tax return and were not required to file a tax return</u> , list all of your (and/or your spouse, if married) 2014 employers and the amount earned at each job and attach W-2(s).						
Name of Employer/Source of Income	Student Amount	Spouse Amount				
	\$	\$				
	\$	\$				
	\$	\$				
	\$	\$				
<ul> <li>D. Additional Financial Information</li> <li>1. Did you (or your spouse, if married) pay out child support in 2014?  Do not include support paid for children listed in section B on the front</li> </ul>	☐ Yes [ at of this worksheet.	□ No				
If yes, who paid the child support? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$						
What was the total amount of child support <i>paid</i> in 2014? \$						
Name of the person to whom child support was paid:						
Name of the child/children for whom the child support was paid:						
2. Did you earn Federal Work-Study funds in 2014?	☐ No					
If yes, total amount earned in 2014? \$ At what Collect	ge/University?					
You must attach a copy of your W-2(s) for these earnings.						
3. Did you or anyone in your household receive food stamps (SNAP) in	2013 or 2014?  Yes [	☐ No				
If yes, who received this benefit?	☐ Other					
For which year(s)?						
You must attach a copy of the benefit card or eligibility letter from	om the agency that issues	the Food Stamps benefit.				
E. Sign this Worksheet  The information provided on this form is true and complete to the best of misleading information may result in a fine of up to \$20,000, imprisonment		and that purposely giving false				
dent: Date:						
Warning: If you purposely give false or misleading information on this workshee	et, you may be fined, sentenc	ed to jail or both.				

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