

2018-2019 Independent Student Verification Worksheet

Your 2018–2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law requires that before awarding Federal Student Aid, we 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 worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents and submit to the Financial Aid Office within 30 days of this request. We may ask for additional information. If you have questions about verification, contact the Financial Aid Office as soon as possible so that your financial aid will not be delayed. Your financial aid eligibility cannot be determined, and financial aid will not be awarded or disbursed, until the verification process is complete.

A. Student's Information

| | | | |
|---|----------------------|----------------|----------------------------------|
| Student's Last Name | Student's First Name | Student's M.I. | Student's Social Security Number |
| Student's Street Address (include apt. no.) | | | Student's Date of Birth |
| City | State | Zip Code | Student's Phone Number |

B. Student's Family Information

List below the people in the student's household. Include:

- **The student.**
- **The student's spouse**, if the student is married.
- **The student's or spouse's children** if the student or spouse will provide more than half of their support from July 1, 2018 through June 30, 2019.
- **Other people** if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Include the name of the college for any household member 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, 2018, and June 30, 2019. If more space is needed, attach a separate page with your name and Social Security Number at the top.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time |
|-----------------------------|-----|--------------|---------------------------|-------------------------------------|
| <i>Marty Jones(example)</i> | 28 | <i>Wife</i> | <i>Central University</i> | <i>Yes</i> |
| | | <i>Self</i> | | |
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Student's Name: _____ SSN: _____

C. Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

*Submit to the Madonna University Financial Aid Office, 36600 Schoolcraft Rd., Livonia, MI 48150
Fax: 734.432.5344 Telephone: 734.432.5663*