

**2016-2017 V4 VERIFICATION: INDEPENDENT VERIFICATION WORKSHEET**

Your 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 the financial aid administrator at your school 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.

To consider this form completed, *all sections* of this form must be completed either electronically or with blue or black ink and it must be legible. Incomplete or illegible forms will not be processed.

**Student's Name:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_

**Section A: Family Information**

In the table below, list all members of your household, beginning with yourself. Be sure to include your spouse and/or anyone else who you will provide more than half of their support to from July 1, 2016 – June 30, 2017. If one or more of your dependents will be enrolled at a post-secondary institution between this time period (7/1/2016-6/30/2017), list the institution's name and whether they are enrolled in at least 6 credit hours (6-8 hours is considered half-time).

Name	Age	Relation to Student	College Attending:	Enrolled at least Half-Time?	
Write your name here.		Self	Harris-Stowe State University	Y	N
		Spouse		Y	N
		Dependent 1		Y	N
		Dependent 2		Y	N
		Dependent 3		Y	N
				Y	N

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section B: SNAP Benefit Information**

Please note that additional documentation may be required.

Did anyone listed in Section A receive SNAP benefits at any time during 2015? Yes                      No

**Section C: Child Support Paid**

In the table below, please list the members of your household who paid child support in 2015. Include the name of the payer (the person who paid the child support), the name of the payee (the person receiving the child support payment), the name of the child for whom the child support was paid, and the total amount that was paid in 2015 to the nearest dollar.

Name of Payer <i>(Person paying child support)</i>	Name of Payee <i>(Person receiving child support)</i>	Name of Child <i>(For whom support was paid)</i>	2015 Annual Amount Paid
			\$
			\$
			\$

*If additional space is needed, please attach a separate page that includes the student's name and HSSU Student ID number.*

**Section D: Certification and Signatures**

By signing this form, you are certifying that all information reported is complete and accurate. You understand that failure to provide complete and accurate information can delay your financial aid, and that providing false or misleading information can lead to consequences including but not limited to fines and/or imprisonment.

**Student Signature:** \_\_\_\_\_ **Last 4 Digits of SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature:** \_\_\_\_\_ **Last 4 Digits of SSN:** \_\_\_\_\_ **Date:** \_\_\_\_\_