



2026-2027 VERIFICATION WORKSHEET-INDEPENDENT STUDENT

Student Name: _____ Student ID#: _____
Last First MI

Home Address: _____ Phone: _____
Street City State ZIP Code Home Number

Your application has been selected for review in a process called Verification; therefore, the Financial Aid Office must verify that the family size you reported on the FAFSA is accurate. **Use the tables below to list the members of your (and your spouse's, if applicable) household.** If you need any help, contact the Financial Aid Office.

List yourself

FULL NAME	DATE OF BIRTH (mm-dd-yyyy)	COLLEGE
		UW-Whitewater

List your spouse, if you have one

FULL NAME	DATE OF BIRTH (mm-dd-yyyy)	

List other household members²

FULL NAME	DATE OF BIRTH (mm-dd-yyyy)	RELATIONSHIP TO STUDENT

²List your children, **if you will provide more than half of their support** from July 1, 2026 through June 30, 2027.

²List 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 from July 1, 2026 through June 30, 2027.

²If you need more space, you may write on the back of this form.

By signing this worksheet, I certify that all the information reported on it is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. **Note: We may request additional documentation if we have reason to believe any of the information on this form is inaccurate.**

Student Signature (typed signatures are not acceptable)

Date