

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

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

² List 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.

² If 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