University of Wisconsin Whitewater | Financial Aid Office

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Whitewater, WI 53190
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uwwfao@uww.edu

2022-2023 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 number of family members in your household and the number attending college you reported on the FAFSA are accurate. **Use the tables below to list the members of <u>your (and your spouse's, if applicable)</u> 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)	COLLEGE (if applicable[1])

[1] If your spouse will be attending college at least half time between July 1, 2022 and June 30, 2023, write the name of the college in the space provided.

List other household members[2]

FULL NAME	DATE OF BIRTH (mm-dd-yyyy)	RELATIONSHIP TO STUDENT	COLLEGE[3] (if attending at least half time in 22-23)

[2] List your children, **if you will provide more than half of their support** from July 1, 2022 through June 30, 2023.

[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, 2022 through June 30, 2023.

[3] For any household member who will be attending college at least half time between July 1, 2022 and June 30, 2023, write the name of the college. List all household members as described above, even if those household members are not attending college. 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   Date