

2019-2020 Independent Verification Worksheet

WHY YOU HAVE RECEIVED THIS FORM

Your application was selected for review in a process called “verification”. In this verification process, we will be comparing information from your FAFSA with copies of you and your parents’ 2017 federal tax return transcripts, or with W-2 forms or other financial documents. Federal regulations require us to collect this information before disbursing federal aid. If there are differences between your FAFSA and the verification documents, we will make the corrections and send the required changes electronically to the federal student aid processor to have your information reprocessed.

Student Information

Last Four of Social Security # _____ Student ID: _____ Date of Birth: ____/ ____/ ____
 Last Name: _____ First Name: _____ MI: _____
 Address: _____ City _____ State ____ Zip Code _____
 (include apt. no.)
 Home Phone: (____) _____ Cell Phone: (____) _____ Email: _____

Family Information

Student’s **current** marital status: Married/Remarried Never Married Divorced Separated Widowed
 • **Please list the Month and Year YOU were married/remarried, separated, divorced, or widowed** ____/____

List the people in **your household** including:

- **Yourself** (and your spouse), if you have one, and
- **Your children** only if they now live with you **AND** you provide more than half of their support **AND** even if they do not live with you **AND** you will continue to provide more than half of their support from July 1, 2019 through June 30, 2020.
- **Other people** only 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, 2019 through June 30, 2020.
- If any household member besides you that **will be attending college at least half-time (at least 6 credit hours) between** July 1, 2019, and June 30, 2020, and will be enrolled in a degree, diploma or certificate program, **list the name of the college they are attending below under “Name of College.”**

Full Name	Age	Relationship	Name of College
		Self	OCtech

IF MORE THAN 6 FAMILY MEMBERS, CHECK HERE ____ AND CONTINUE ON A SEPARATE SHEET OF PAPER

Return this form and any attachments to the above address.

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