

SSN (last 4 digits only):

2016-2017 Independent Household Size & Number in College Verification

Your application has been selected for Verification. We are required by federal law (34 CFR, Part 668) to compare the information

UNTD Assigned ID:

from your Free Application for Federal Student Aid (FAFSA) with the information provided on this form.

SECTION A: STUDENT INFORMATION

SUBMITTING THIS FORM

Name:

✓ We will update your FAFSA,	if needed,	, based on the information provi	ded on this form.	
✓ We cannot continue processing	g your fin	ancial aid until all required fina	ncial aid documents	s have been submitted.
 ✓ All required documents must be 	oe submit	ted to our office at least two we	eks before the end o	of the term.
SECTION B: HOUSEHOLD INFO	RMATIO	ON AS OF TODAY		
• List <i>yourself</i> (the student) below.				
Full Name	Age	1		
T un I vuine	1150	1		
• IF MARRIED, list <i>your spouse</i> below least half-time between July 1, 2016a				degree or certificate program at
Full Name	Age	Name and State of College	l	
 For those listed below who will be at 1, 2016 and June 30, 2017, provide the Attach a separate sheet if you need men. 	ne name a	and state of the college. DO NO for additional household members	Γ include dual-enrol pers.	lment for high school students.
Full Name	Age	Relation To Student	Name and State	of College
	L			
SECTION C: CERTIFICATION				
I certify that all the information contain that I must sign and return this form for n				
Student Signature	Date	Spouse Signature (<i>if married</i>) Date		
$ _{X}$		X		