

## **DEPENDENT Custom · V4**

2015 - 2016

Federal Student Aid Program

STUDENT INFORMA	TION: PLEASE PRIN	T UAH Student A	UAH Student A# or Social Security #					
Last Name		First Name	MI	Date of Birth				
Street	City	State	Zip Code	Phone				
Re	ad all instructions care	fully to ensure this works are submitted in their e		t requirements				
Your application was selected for review in a process called "Verification."								

Dept of Education requires that we verify this information before awarding federal financial aid. If there are differences between your application information and your financial documents, our office will make an electronic correction on your FAFSA application.

Verification documents should be submitted 6 weeks prior to the start of the term for which federal aid is requested.

In this process, UAH will be comparing information reported on your FAFSA application to the required documents submitted. The

Review your account status on a regular basis at https://my.uah.edu

Any question regarding this worksheet or the required documents will be communicated via the student's UAH email account.

UAH, Office of Student Financial Services 301 Sparkman Drive, UC 212, Huntsville, Alabama 35899

Phone (256) 824-6650 Fax (256) 824-6212 Email financialaid@uah.edu Website http://financialaid.uah.edu

## A. HOUSEHOLD INFORMATION: Write the names of all your parents' household members below:

- List yourself, and
- List your parents, including step parent, even if you don't live with your parents, and
- List your parents' other children, If
  - (A) your parents provide more than 50% of their financial needs OR
  - (B) if a child is required to provide parental information when applying for federal student aid.

<u>Exclusion</u>: Do not list children to whom child support is paid, child support is reported on page 2, Section B of this worksheet, and

- List any other people who now live with your parents <u>and</u> your parents provide 50% or more of their financial support <u>and</u> will continue to provide more than 50% of their financial need from July 1, 2015 through June 30, 2016.
- Write in the name of the college for household members (not including parents) attending college at least half time, between July 1, 2015 and June 30, 2016. If you need additional space, attach a separate page.
   Exclusion: Parents cannot be counted in the 'attending college' calculation.

Household Members	Age	Relationship	Attending college at least half time Fall 2015 - Summer 2016
Your Name:		Self	UAH

<b>B. CHILD SUPPORT PAID</b> . Stateme	nt by parent ce	rtifying the f	ollowing:		
Amount of child support paid in 201	4 by parent liste	ed in Section	A of this workshee	t: \$	/ year
The name of the parent listed in Sect	ion A, who paid	d the child su	pport:		
The name of the person not listed in	Section A, to w	hom the chil	d support was paid	:	
The name and age of the children for Section A of this worksheet.	whom child su	ipport was p	aid. These children	should not be list	ted in
Last name first nam	e e	age	last name	first name	age
Last name first nam	e	age	last name	first name	age
<b>C. SNAP.</b> Did a member of your parents' Assistance Program in 2014?	household reco	eive food sta	mps from the SNAF	o - Supplemental	Nutrition
Student : Y	'es	No			
Parent: Y	'es	No			
Additional documentation may be	e requested at t	the discretion	of the Office of Stu	ıdent Financial Se	ervices.
D. LUCH SCHOOL COMPLETION STATUS	Drovido ono c	of the followi	na documents that	indicate the stud	lant's high
D. HIGH SCHOOL COMPLETION STATUS. school completion status when the			· ·	maicate the stud	ent s nign
•		begin conege	. 111 2013 2010.		
<ol> <li>Copy of student's high school</li> <li>A copy of the student's final or</li> </ol>	•	ol transcript	that shows the dat	e when the dinlo	ma wac
awarded. An official tran	•	•		•	
3. A copy of the student's General	•		-		CC.OpC.
4. An academic transcript that in		•		•	rogram that is
acceptable for full credit		_			
<ol><li>Homeschool transcript or equi credential provided unde</li></ol>		by parent or	guardian or second	lary school compl	etion
credential provided unde	i State law.			Use Only	
		Date Rec'd	Copy \	Verified, Signed & Att	ached
E. IDENTITY AND EDUCATIONAL PURPOS					
Obtain an <u>Identity and Statement</u>		l Durnosa Foi	m from the Office	of Student Financ	rial Sarvicas
The Form is available to you at th			iii iioiii tile oliite t	Ji Student i manc	iai sei vices.
A. On line: http://www.	uah.edu/financ	cial-aid/form	s-policies		
B. Office of Student Finar	· ·	•	·		
C. Request the form via e	email at financia	alaid@uah.e	du		
Only the original form is to be submitted	to the Office.		Office I	Jse Only	•••••••••••••••••••••••••••••••••••••••
No copies, fax transmissions or scanned of		Date Rec'd	,,,	erified, Signed & Atta	ached
permitted.		•	•••••	•••••	,
WARNING:					
If you purposely give false or misleading in	nformation on t	his workshee	t, you may be fined	, sentenced to jail	l, or both.
By signing this Verification Worksheet, v	we certify that	all the infor	nation reported is	complete and cor	rect.
Student's Signature (required)	– Date	Parent	's Signature (requ	ired)	Date