2016–2017 DEPENDENT VERIFICATION WORKSHEET (V4)

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for a process called verification. U.S. Department of Education regulations state that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, the Financial Aid Office at Antioch will compare your FAFSA with the information on this worksheet any other required documents. If there are differences, your FAFSA information may need to be corrected by the Financial Aid Office. You must complete and sign this worksheet, attach any required documents, and submit them to the Financial Aid Office. After review, we may ask for additional information. If you have questions about verification, please contact the Financial Aid Office as soon as possible at your campus so that your financial aid will not be delayed.

You may attach additional pages as necessary to this form. If you do so, please be sure to include the Student's Full Name and Student ID number on *each page attached*.

	dent Student's Informat	io	n
--	-------------------------	----	---

Student's Last Name Student's First Name Student's M.I.			AU ID#
Student's Street Addres	s (include apt. no.)	Student's Date of Birth	
City	State	Zip Code	Student's Email Address
Student's Home Phone	Number (include area code	Student's Alternate or Cell Phone Number	

B. Dependent Student's Family Information

List below the people in your <u>parent(s)</u>' household. Include:

- Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, <u>at least half time</u> in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2016, and June 30, 2017.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Marty Jones(example)	28	Spouse	Central University	Yes
		Self		

_	Student's Signature	Date	Parent's Signature	Date	
P	rint Student's Name		Print Parent's Name		
is	certify that all of the information is complete and correct. The studies this worksheet.		information on this worksheet, yo sentenced to jail, or both.		
F. <u>C</u>	certifying the federa	Il financial aid received will only 016-2017 academic year.	be used for educational purposes to purpose	pay the cost of attending Ant	ioch
A	IND I will submit by mai	l, (do not fax or email) or have at	tached, an original notarized State	ment of Educational Purpo	se
	■ I will submit by mai a driver's license, no	l, or have attached a copy of a va on-driver's license, military ID, o	lid government issued photo identific r passport;	cation, including but not limit	ted to
T		in person must submit BOTH o	_		
	Upon appearance, I purposes to pay the	will sign a statement certifying the cost of attending Antioch University	ne federal financial aid received will sity for the 2016-2017 academic year	only be used for educational	
\boldsymbol{A}	driver's license, non	-driver's license, military ID, or	passport;	including but not infinted to	a
Т	_ '' ' '	son must complete BOTH of the	e following: vernment issued photo identification,	including but not limited to	
		f Educational Purpose Ver			
•	► If you are unable to obtain	the documentation listed above	, you must contact the Financial A	id Office.	
	a high school diploma or its	recognized equivalent), a transcr	ript or the equivalent, signed by your successful completion of a secondary	parent or guardian, that lists	the
e			in a secondary school completion cre		
c d	l. An academic transcript that	ucational Development (GED) ce indicates you successfully compl	rtificate of GED transcript. leted at least a two-year program that	t is acceptable for full credit	toward
a b	o. A copy of your final official	l high school transcript that show	s the date when the diploma was awa	arded.	
C	completion status when you (the	e student) will begin college in 20	lowing documents that indicate your 16-2017:	(the student's) high school	
D .	T. I.G.I. I.G. I.				_
		Total Amount of Child Suppor	 t Paid	\$	1
				\$ \$	4
				\$	
				\$	
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015	
b	elow the names of the persons ges of the children for whom the	who paid the child support, the name child support was paid, and the	tudent's household, paid child supportance of the persons to whom the child total annual amount of child support	d support was paid, the nam t that was paid for each child	es and