2016–2017 INDEPENDENT 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*.

Α.	<u>Indepe</u>	<u>endent</u>	Student	t's .	<u>Inform</u>	<u>ıation</u>

Student's Last Name	Student's First Name	Student's M.I.	AU Student ID#
Student's Street Address	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. Independent Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your 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 you.
- 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 through June 30, 2017.

Include the name of the college for any household member 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		

	he Supplemental Nutrition Ass	istance Program or SNAP (formerly	dent's household (listed in Section B) ry known as food stamps) during the 201	14 or 2015 calendar years.				
i	Yes, one of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. Child Support Paid If the student and/or spouse, who is a member of the student's household, paid child support in 2015, provide the space below the names of the persons who paid the child support, the names of the persons to whom child support was paid, the names and ages of the children for whom the child support was paid, and the total amount of child support paid for each child in 2015.							
	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	Total Amount of Child Support Paid in 2015				
				\$				
				\$				
				\$				
				\$				
		Total Amount of Child Support	Paid	\$				
		Total Amount of Clind Support	. r aiu	φ				
e	 c. A copy of your General Educational Development (GED) certificate or GED transcript. d. An academic transcript that indicates you successfully completed at least a two-year program that is acceptable for full cred toward a bachelor's degree. e. If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (of than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by your parent or guardian, the secondary school courses you completed and documents the successful completion of a secondary school education in a homeschool setting. If you are unable to obtain the documentation listed above, you must contact the Financial Aid Office. 							
	·	of Educational Purpose Veri						
7	The Student appearing in per	son must complete BOTH of the f	Collowing:					
	driver's license, nor	will provide an original valid goven- n-driver's license, military ID, or pa	rnment issued photo identification, inclussport;	uding but not limited to a				
A	Upon appearance, I will sign a statement certifying the federal financial aid received will only be used for educational purposes to pay the cost of attending Antioch University for the 2016-2017 academic year.							
]	ne Student unable to appear in person must submit BOTH of the following:							
	I will submit by mail, or have attached a copy of a valid government issued photo identification, including but not limited to a driver's license, non-driver's license, military ID, or passport;							
E	certifying the federa		ched, an original notarized Statemen e used for educational purposes to pay t					
Ī	Certification and Signature certify that all of the information is complete and correct. The stuff married, the spouse's signature	ion reported on this worksheet ident must sign this worksheet.	WARNING: If you purposely give false information on this worksheet, you ma sentenced to jail, or both.	_				
- I	Print Student's Name		Print Spouse's Name					
-	Student's Signature	Date	Spouse's Signature	Date				