2015-2016 V4 – Custom Verification Worksheet

Student Name: _______________________________ IPFW Student ID: __________________________

Why do I have to do this?
You have been selected for verification. FAFSA selects a portion of college students to verify that the information on your FAFSA is correct. You must complete the verification process in order for your federal and state financial aid to pay to your account.

How do I do this?
In blue or black ink, complete the front and back of this form to the best of your ability. Then, fax, mail, email or return the form to our office in KT 102. **Be aware, any incomplete submissions will not be processed.** If your form is incomplete, we will send instructions to your IPFW student email explaining how to complete it.

What type of household do I have?
If you were required to provide your parents’ tax information on the FAFSA, you are considered a dependent student. The most common reasons for a student to be independent are: being 24 years old, married and/or having children that you support. Being dependent or independent for the FAFSA does not pertain to how you filed your taxes, if you live with your parents or if you support yourself.

Who do I list in my household?
As a **Dependent** student you should list yourself, parent(s) you live with now or lived with last (include step-parents) and anyone that would not be able to live without financial support of your parents.
As an **Independent** student you should list yourself, your spouse and anyone that would not be able to live without your financial support.

Who is in your household?

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College attending (at least 6 credit hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td>Indiana Purdue Fort Wayne</td>
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Did you or anyone in your household receive SNAP benefits (Food Stamps) in 2013 or 2014?

☐ Yes ☐ No

Did you or anyone in your household PAY child support in 2014? (assumed N/A if left blank)

<table>
<thead>
<tr>
<th>child support paid by</th>
<th>child support paid to</th>
<th>child support paid for</th>
<th>amount for 2014:</th>
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T _____ S_____ EFC __________
How did you complete High School?
You are required to bring in a copy of your high school diploma, GED or equivalent credential.

Do you have a photo ID?
You are required to come to the financial aid office at IPFW (Kettler Hall 102) and present a valid government issued photo identification or have a notary certify below. Examples would be a driver’s license, or a passport.

Are you going to use your financial aid for expenses unrelated to school?
Please read and sign the following statement. Either a notary or someone in the financial aid office will need to watch you sign, and sign the form themselves as a witness.

I certify that I __________________________ (print name) am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending IPFW for 2015-16.

Student Signature: ___________________________ Date Signed: ___________________________

School Official: ___________________________ Date Signed: ___________________________

OR

On ___________(date), before me, ___________________________ (Notary’s name), personally appeared ___________________________ (Student Name), and proved to me on basis of satisfactory evidence of identification ___________________________ (ID) to be the above-named person who signed the foregoing instrument.

Notary Signature: ___________________________ Date Commission Expires: ___________________________

Are you sure all the above information is correct?
If you purposely give false or misleading information you may be fined, sentenced to jail or both. If you are sure that you have provided accurate information, please sign your full name below in ink. Dependent students also need their parent’s signature.

I understand by signing below I’m asking the IPFW Office of Financial Aid to make the above indicated adjustments to my Free Application for Federal Student Aid. I further understand that making these adjustments may cause changes to my IPFW Student Account and my IPFW student bill, and that it is my responsibility to ensure my student bill is paid in full with the IPFW Office of the Bursar after these adjustments are processed to my financial aid account.

Student Signature: ___________________________ Date Signed: ___________________________

*Parent Signature: ___________________________ Date Signed: ___________________________

(*Dependent students only)