



# 2019-2020 VERIFICATION INDEPENDENT STUDENT

## STUDENT INFORMATION

\_\_\_\_\_

First Name M.I. Last Name

( ) -

\_\_\_\_\_

Student ID OR Last 4 Digits of SSN Phone Number FC19ISNH

## HOUSEHOLD INFORMATION (INDEPENDENT STUDENT)

For questions regarding household, use the following information to determine who is to be counted as a member of your household:

- You, the student
- Your spouse, if you are married
- Your children and, if you are married, your spouse's children if you will provide more than half of their support from July 1, 2019 through June 30, 2020, **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 from July 1, 2019 through June 30, 2020.

## NUMBER IN HOUSEHOLD (INDEPENDENT STUDENT)

Complete the following chart by entering the name, age, and relationship to you of each person in the household, as defined above. **Do not include foster children.**

	FULL NAME	AGE	RELATIONSHIP TO STUDENT
1			<i>Self</i>
2			
3			
4			
5			
6			
7			
8			

If more space is needed, provide a separate page with the student name and ID number at the top.

## CERTIFICATION AND SIGNATURE

By signing below, I certify that all the information reported on this worksheet is complete and correct.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

\_\_\_\_\_  
Student Signature\* \_\_\_\_\_  
Date

\* Must be an actual "wet" signature. A digital signature or typed font signature is not acceptable. This form may be completed and "wet" signed via a tablet or smartphone with PDF signing capability using a stylus pen. You may need to download an app to access this feature.

Mail, fax, email, or deliver the completed worksheet to the financial aid office using the contact information listed below.

### EMAILED FORMS MUST BE SENT FROM THE IWU STUDENT EMAIL ACCOUNT

Financial Aid Office, IWU National & Global  
800.621.8667 option 4

1900 West 50<sup>th</sup> Street  
765.677.2516

Marion, IN 46953-9393  
765.677.2030 Fax

indwes.edu  
IWUfinaid@indwes.edu