

2019-2020 Household Verification Worksheet (Independent Student)

Your 2019-2020 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before disbursing Federal Student Aid, you must confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

WARNING: Anyone who purposely gives false or misleading information on this worksheet may be fined, sentenced to prison, or both.

According to federal requirements, we must verify the number of people in your household. Please complete and return this form to the financial aid office.

_____ Student Printed Name

_____ Student SIS ID

HOUSEHOLD INFORMATION: List the people in your household below (whether or not they will attend college). 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, 2019, through June 30, 2020.
- 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, 2020.

For any household member who will be enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution at any time between July 1, 2019 and June 30, 2020, include the name of the college. If more space is needed provide a separate page with the student's name and ID number at the top.

| FULL NAME | AGE | RELATIONSHIP | COLLEGE | Will be Enrolled at Least Half Time (Yes or No) |
|-----------|-----|--------------|---------|---|
| | | <i>Self</i> | | |
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Certification and Signatures

By signing this worksheet you certify that all the information reported on it is complete and correct. This worksheet must be signed by the student.

_____ Student Signature

_____ Date

Please return completed form via email or fax using the contact information below.

Office of Financial Aid
100 International Drive
Baltimore, MD 21202

Email: carey.finaid@jhu.edu
Phone: 410-234-4733
Fax: 443-529-1536