

Name: \_\_\_

## 2023-24 FAFSA Verification

## Household Worksheet - Independent Student

None: (402) 375-7229 Email: sfs@wsc.edu Fax: (402) 375-7067

\_ Student ID: \_\_\_\_\_

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." As part of this process, WSC is required by Federal regulation to collect information to verify that the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR). Financial Aid Awards cannot be finalized, and aid cannot be paid to the student account until verification is complete.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Birth Date:		Phone Number:	
List below the people in your household. Include:			
<ul> <li>Yourself</li> <li>Your spouse, if you are married</li> <li>Your children, if any, if you will provide more than half of their support from July 1, 2023, through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023-24. Include children who meet either of these standards, even if they do not currently live with you.</li> <li>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, 2024.</li> </ul>			
Full Name	Age	Relationship to Student	Will be enrolled at least half- time in college (Yes or No, and Name of College)
Your Name:		Student	Yes – Wayne State College
			<u> </u>
Methods for submitting docume	nts:		
Secure Upload (preferred method)		• Mail:	Student Financial Services Wayne State College
• <b>Fax:</b> (402)375-7067			1111 Main Street Wayne, NE 68787
Certification and Signature: *No Typed Signatures*			
The person signing below certifies that all the i	nformation rep	ported is complete and c	orrect.
Student Signature:		Date:	