

Dependent Household Verification Worksheet 2023-2024
Federal Student Aid Programs

Your **2023-2024** Free Application for Student Aid (FAFSA) was selected for review in a process called verification. The law says 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, we 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 and a parent whose information was reported on the FAFSA (if applicable) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information. If you have any questions about verification, contact us at (934) 420-2578 as soon as possible so that your financial aid will not be delayed.

A. STUDENT INFORMATION

Last Name _____ First Name _____ MI _____ RAM ID _____

Address _____ Apt _____ City/State/Zip _____

Telephone _____ Birth Date _____ Email _____

B. FAMILY INFORMATION

List the people in your parent(s)' household below.

Include:

- * Yourself and your parent(s) (including a stepparent) even if you don't live with your parent(s).
- * Your parent(s)' other children if your parent(s) will provide more than half of their support from **July 1, 2023 through June 30, 2024**, or if the other children would be required to provide parental information if they were completing a FAFSA for **2023-2024**. Include children who meet either of these standards, even if they do not live with your parent(s).
- * Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through **June 30, 2024**.

Also, print the name of the **college** for any household member, **excluding your parents**, who will be attending at least half-time **between July 1, 2023 and June 30, 2024** in a degree, diploma or *certificate program*.

Full Name	Age	Relationship	College
		Self	Farmingdale State College

Each person signing this form certifies that all the information reported on it 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

Parent/Stepparent Signature

Date