

INDEPENDENT STUDENT 2020-2021 VERIFICATION WORKSHEET FEDERAL STUDENT AID PROGRAMS

A. Student Information							
CF ID No.:		Date of Birth:					
T INT		MM/DD/YYYY					
Legal Name: Last		First	Middle		(complete)	Jr., etc.	
B. Family Information							
List the people in your housYourself and your spotYour children, if you w	ise, if you are marri	ied, and			nne 30, 2021, even if t	he children do	
 not live with the studer Other people if they not half of their support from the support f	w live with you, ar		than half of the	ir support and w	vill continue to provi	de more than	
Write the names of all hous college at least half time bet at least half time in a degree	ehold members. A	lso write in the name and June 30, 2021, at	an eligible post-se	econdary educat	ional institution and w		
Full Name	Date of Birth	Relationship	College Name		If family member is CF student, provide CF ID number	Will be enrolled at least half time	
Martha Jones (example)	MM/YYYY	Wife	City University		123456	Yes	
		Self					
Note: We may require addit enrolled in postsecondary in			o believe that the	information reg	garding the household	members	
C. Sign this worksheet							
By signing this worksheet, I complete and correct.	certify that all the			misleading ir	you purposely give f nformation on this w , be sentenced to jai	orksheet, you	
Student Signature		Date: MN	M/DD/YY				