



**INDEPENDENT STUDENT
2024-2025 VERIFICATION WORKSHEET
FEDERAL STUDENT AID PROGRAMS**

A. Student Information

CF ID No.: _____

Date of Birth: _____
MM/DD/YYYY

Legal Name: _____
Last First Middle (complete) Jr., etc.

B. Family Information

List the people in your household. “Household members” are defined below. You must include:

- Yourself and your spouse, if you are married, and
- Your children, if you will **provide more than half** of their support from July 1, 2024, through June 30, 2025, even if the children do not live with the student.
- 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, 2024, through June 30, 2025.

Write the names of all household members. Also write in the name of the college for any household member who will be attending college at least half time between July 1, 2024, and June 30, 2025, at an eligible post-secondary educational institution and will be enrolled at least half time in a degree, diploma or certificate program. If you need more space, attach a separate page.

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 additional documentation if we have reason to believe that the information regarding the household members enrolled in postsecondary institutions is inaccurate.

C. Sign this worksheet

By signing this worksheet, I certify 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: MM/DD/YY