

## 2020-2021 FAFSA Verification

## **Independent Student - Household Size**

Student Name:				Student NU ID:			
We have received y	our 2020-21 Free Applic	ation for Federal S	Student Aid (	FAFSA).	Your FAFSA was	selected for a p	rocess called

"Verification." UNK is required by federal regulation to collect information to verify that the FAFSA is accurate. Any corrections made based on this documentation will be reported to you by the Federal Student Aid Center on an updated Student Aid Report.

Please complete and return this form to the Office of Financial Aid as soon as possible. Be sure to include your name and NU ID on all forms you submit to our office.

## Number of Household Members:

Please list the following people below:

- 1) Yourself and spouse (if applicable)
- 2) Your children (even if they don't live with you), if either of the following applies:
  - a) You will provide more than half of their support from July 1, 2020 through June 30, 2021; OR
  - b) The child would be required to provide your parental information if applying for Federal Student Aid
- Other people if they currently live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Please complete the far right column (Name & Location of College) for any household member(s) who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary institution between July 1, 2020 and June 30, 2021.

Full Name	Date of Birth (Required)	Relationship to Student (circle appropriate choice)	Name & Location of College (enrolled in degree or certificate program)
		Self	University of Nebraska - Kearney
		Spouse	
		Child	
		Child	
		Other	
		Child	
		Other	
		Child	
		Other	
		Child	
		Other	
		Child	
		Other	

Marital Status Change: If you are currently going through a divorce or separation or have been widowed since filing the FAFSA or completing your 2018 joint tax return, call our office at 308-865-8520. This change may impact your financial aid.

By signing this form I acknowledge the following: I certify that all of the information reported to qualify for Federal/State student aid is complete and correct. If asked by an authorized official, I agree to provide proof of the information I have given on the form. Signature is required of the student whose household information has been reported on this form. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

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