



INDEPENDENT VERIFICATION WORKSHEET

2008 - 2009

Office of Financial Aid • Indiana University South Bend • P.O. Box 7111 • South Bend, IN 46634-7111

You have been selected for a process called verification. Before your file can be reviewed for an award, you and your spouse (if applicable) must complete this form and return it to our office along with all requested documentation. If you have questions, feel free to contact our office in person at Administration Building 157 or call (574) 520-4357. **PRINT ALL INFORMATION.**

Section A: Student Information

Last Name	First Name	Middle Initial	University ID # (NOT Social Security #)
Street Address (Include Apartment #)			Date of Birth
City	State	Zip Code	Daytime Phone # (Include Area Code)

Section B: Family Information

Write the names of all household members. Also, if any household member will be attending college at least half-time between July 1, 2008, and June 30, 2009, and will be enrolled in a degree, diploma, or certificate program, list their information here. If you need more space, attach a separate page.

List the people in your household, include:

- Yourself, and your spouse if you have one
- Your children, if you will provide more than half of their support from July 1, 2008, through June 30, 2009
- 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, 2008, through June 30, 2009

Full Name	Age	Relationship to You	# of Months Lived With You in 2008	College Attending in 2008-2009
		<i>Self/Student</i>	<i>N/A</i>	<i>IU South Bend</i>

