

**VERIFICATION WORKSHEET VERSION 3**

2015 - 2016

Your current (2015-2016) Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *verification*. You and one parent (*if dependent*) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the Student Financial Services Office. Go to: [polk.edu](http://polk.edu); click on Admission & Aid, Financial Aid, and then Forms.

Student Name (Please Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Academic Year/Term: \_\_\_\_\_

**A. Dependency Status: Please check the box that applies.**
 **Dependent-** A student is considered dependent if he/she was required to provide parental data on the FAFSA.

 **Independent-** A student is considered independent if he/she was not required to provide parental data on the FAFSA.

**B. Child Support Paid: Please do not leave blank.**

On your 2015- 2016 FAFSA, you stated that someone in your household paid child support due to a requirement in 2014.

Please complete the following information. **DO NOT LEAVE THIS BLANK; if not applicable, enter "N/A". If for any reason we believe the information provided is not accurate, we may require additional documentation.**

Child Support you, spouse, or if dependent parent PAID				
Child's Name and age	Name of person paying support	Name of person receiving child support	Student Annual Amount	Parent(s) (if dependent) Spouse (if married) Annual Amount

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

 \_\_\_\_\_  
 Student Signature                      Date

 \_\_\_\_\_  
 Parent Signature (*if dependent*)                      Date

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