

**STUDENT INFORMATION:** PLEASE PRINT UAH Student A # or Social Security # \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name MI Date of Birth

\_\_\_\_\_  
Street Address City State Zip Code ( ) Phone

***Read all instructions carefully to ensure this worksheet and document requirements are submitted in their entirety. All sections must be answered. If not applicable, note 'n/a.'***

**Your application was selected for review in a process called "Verification."**

In this process, UAH will be comparing information reported on your FAFSA application to the required documents submitted. The Dept of Education requires that we verify this information before awarding federal financial aid. If there are differences between your application information and your financial documents, our office will make an electronic correction on your FAFSA application.

**Verification documents should be submitted 6 weeks prior to the start of the term for which federal aid is requested. Any questions regarding this worksheet or its required documents will be communicated via the student's UAH email account.**

UAH, Office of Student Financial Services 301 Sparkman Drive, UC 212, Huntsville, Alabama 35899  
Website <http://financialaid.uah.edu> Phone (256) 824-6650 Fax (256) 824-6212 Email [financialaid@uah.edu](mailto:financialaid@uah.edu)

**A. HOUSEHOLD INFORMATION:** Write the names of all your parents' household members below:

- List you, the student, and
  - List your parent(s), including step parent, even if you don't live with your parents, and
  - List your parents' other children, if
    - (A) your parents provide more than 50% of their financial needs OR
    - (B) if a child is required to provide parental information when applying for federal student aid.
- Exclusion: Do not list children to whom child support is paid, child support is reported in Section B of this worksheet, and
- List any other people who now live with your parents **and** your parents provide 50% or more of their financial support **and** will continue to provide more than 50% of their financial needs from July 1, 2015 through June 30, 2016.
  - Write in the name of the college for household members ( not including parents ) attending college at least half time, between July 1, 2015 and June 30, 2016. Exclusion: Parents cannot be counted in the 'attending college' calculation.

Household Members	Age	Relationship	Attending College at least 1/2 time Fall 2015 - Summer 2016
Your Name _____		<i>Self</i>	<i>UAH</i>

**B. CHILD SUPPORT PAID.** Statement by parents certifying the following: PLEASE PRINT

Total Amount of child support paid in 2014 by the parent listed in Section A of this worksheet:

\$ \_\_\_\_\_ / year

The name of the parent listed in Section A of this worksheet who paid the child support:

\_\_\_\_\_ last Name                      \_\_\_\_\_ first name

The name of the person not listed in Section A of this worksheet to whom the child support was paid:

\_\_\_\_\_ last name                      \_\_\_\_\_ first name

The name and age of the children for whom child support was paid.  
 These children should not be listed in Section A of this worksheet:

_____ last name	_____ first name	_____ age		_____ last name	_____ first name	_____ age
_____ last name	_____ first name	_____ age		_____ last name	_____ first name	_____ age
_____ last name	_____ first name	_____ age		_____ last name	_____ first name	_____ age

*Additional documentation may be requested at the discretion of the Office of Student Financial Services.*

**WARNING:**

**If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.**

*By signing this Verification Worksheet, we certify that all the information reported is complete and correct.*

\_\_\_\_\_  
**Student's Signature (required)**                      **Date**

\_\_\_\_\_  
**Parent's Signature (required)**                      **Date**