

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 question regarding this worksheet or the 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

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

- List you, the student and spouse (if married), and
 - List your children and your spouse's children (if married) , If
 - (A) you and/or your spouse 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 on Section B of this worksheet, and
- List any other people who now live with you **and** you 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 attending college at least half time, between July 1, 2015 and June 30, 2016.

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

B. CHILD SUPPORT PAID. Statement by student and spouse certifying the following: PLEASE PRINT.

Total amount of child support paid in 2014 by the student and/or spouse listed in Section A of this worksheet.

\$ _____ / year

The student and/or spouse's name listed in Section A of this worksheet who paid the child support:

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

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

Spouse's Signature (optional)

Date