

2015-2016 FAFSA Verification
Parent of Dependent Student - Household Size

Student Name: _____ **Student NU ID:** _____

We have received your student's 2015-16 Free Application for Federal Student Aid (FAFSA). Your student's FAFSA was selected for review in a process called "Verification." As part of this process, UNK is required by federal regulation to collect information to verify that the FAFSA is accurate. If any differences are found, we will make corrections electronically on your behalf and you will receive an updated Student Aid Report (SAR).

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

Number of Household Members:

Please list the following people below:

- 1) The above named student (even if he/she does not live with you)
- 2) Yourself and other parents living in household (if applicable). This includes married, unmarried, biological, adoptive and step-parents
- 3) Other 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, 2015 through June 30, 2016; **OR**
 - b) The child would be required to provide parental information if applying for Federal Student Aid
- 4) Other people who currently live with you if you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2015 through June 30, 2016.

Please complete the Name and Location of College information in the far right column for any household members (excluding parents) who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary institution between July 1, 2015 and June 30, 2016.

Full Name	Date of Birth	Relationship to Student (circle appropriate choice)	Name & Location of College (enrolled in degree or certificate program)
		Student	University of Nebraska - Kearney
		Parent	
		Parent/Step-parent	
		A. sibling B. other _____	
		A. sibling B. other _____	
		A. sibling B. other _____	
		A. sibling B. other _____	

Please list additional household members on the back of this form.

Parent Marital Status Change: If you are currently going through a divorce or separation or have been widowed since filing the FAFSA or completing your 2014 joint tax return, please call our office at 308-865-8520. This change may impact your student's financial aid.

By signing this form I acknowledge the following:

I/we 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 and at least one parent/stepparent whose information has been reported on this form.

Student signature _____ Date _____

Parent signature _____ Date _____