

Spouse's Signature (if applicable)

For Office Use Only TRK CODE: VERIND AID YEAR: 1718

## **Independent Student 2017-2018 Verification Worksheet**

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify you provided correct information we compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and your spouse if applicable, must complete and sign this worksheet, attach any required documents, and submit the form and other required documents. We may ask for additional information. If you have questions about verification please contact our office at 931.598.1312 or <a href="mainting-final@sewanee.edu">finald@sewanee.edu</a>. The signed, completed form and any accompanying documents should be returned to the Office of Financial Aid at The University of the South. You may fax (931.598.3273) OR mail forms to 735 University Avenue, Sewanee, TN 37383-1000

Student's Last Name	Studi	ent's First Name	Student's M.I.	Student's Social Security Numb	Student's Social Security Number	
	Sittle	J 2 11 51 11 11 11 11	Statent S III.1.		Statem's Social Security Number	
Student's Street Address (include ap	ot. no.)			Student's Date of Birth		
City			State Zip Code	Student's Email Address		
Student's Home Phone Number (inc	lude area cod	e)		Student's Alternate or Cell Pho	ne Number	
Family Information: List	the people	living in your ho	ome below. Include:			
<ul> <li>Yourself and yo</li> </ul>	our spouse,	if applicable				
			h half of their support from July 1, 2		he children would be	
			they were completing a FAFSA for 2		4 1 10 0	
Other people if their support the	-		a provide more than half of their sup	port, and will continue to provide	more than half of	
then support the	lough June	50, 2016.				
	-	•	nber, who will be enrolled at least h			
		,	een July 1, 2017, and June 30, 2018.	If more space is needed, attach a s	separate page with	
the student's name and Soc	cial Securii	y Number at the	top.			
Full Name	Age	Relationship	Report College Name or N/A	Graduate or Undergraduate	Enrolled at least	
		_			half-time in 2017-	
					18	
Example: Missy Jones	18	Spouse	Central University	UG	Yes	
		Self	Sewanee: The Univ. of the South	UG	YES	
	_					
			I			
using the IRS Data Retriev record, select "Make FAFS	al Tool with A Correct le to use the	thin FAFSA on the ions," and navigate IRS Data Retrie	filed or will file a 2015 income tax to the Web. If you have not already used the to the Financial Information section and transfer 2015 IRS income to DRT option.	If the tool, go to <u>FAFSA.gov</u> , log in on of the form. From there, follow	n to your FAFSA the instructions to	
Important Note: If you fi	led, or wil	l file, an <u>amende</u>	ed 2015 IRS tax return, contact the	e financial aid office.		
	res: Each	person signing th	ed 2015 IRS tax return, contact the is worksheet certifies that all of the		lete and correct. The	