COLLEGE OF THE OUACHITAS

Financial Aid Office, One College Circle, Malvern, AR 72104 Fax (501)337-9382

2017-2018 VERIFICATION of HOUSEHOLD MEMBERS & NUMBER IN COLLEGE WORKSHEET

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. If there are differences between your FAFSA application and the documents you submitted, corrections will be made and reprocessed by the federal processor. We cannot process your financial aid until verification has been completed, please provide the needed documents as soon as possible.

A. STUDENT INFORMATION:

LAST NAME	FIRST NAME			M.I.	
				()	
SOCIAL SECURITY NUMBER		DATE OF BIRT	Н	PHONE NUMBER	
STREET ADDRESS		CITY	STATE	ZIP CODE	
B. FAMILY INFORMATION					
Dependent Student: Include yourself of other children, and other people as partial half of their support and will continue Independent Student: Include yourse household only If they now live with yof their support through June 30, 2018	rt of ye to pro elf, you ou and	our household only if the ovide more than half of th ur spouse. If you are ma	y now live with your parents a neir support through June 30, rried, your children, if any, a	and your parents provide more than 2018. and other people as a part of you	
FULL NAME	AGE	RELATIONSHIP TO STUDENT	College Attending IN 2017-201 Half Time	L8 if they will be enrolled in at Least	
		Self	СОТО		
E. Certification and Signatures					
By signing this worksheet I (we) cer purposely giving false or misleadin	-				
Student:	Date:				

Parent: _____ Date: _____