

**Household Verification Worksheet
2019-2020**



Name: _____

HC ID# or last 4# of SSN: _____

Email: _____

Cell Phone: _____

The Department of Education has selected your FAFSA for a process called verification. Please complete this worksheet and submit it with any other requested documents to the Financial Aid Office as soon as possible.

Student's Family Information

List yourself and all family members that will be living in your parent (s) household between July 1, 2019 and June 30, 2020. Include:

- Yourself
- Your parent(s) OR spouse whose information was used when filling out your FAFSA
- Siblings or children (if they live with you and/or if parent (s) provide more than half of their support)
- Other people if they now live with your parent(s), and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time in 2019-2020
		Self	Hastings College	Yes

Certification and Signatures: Each person signing below certifies that all of the information reported in support of the student's application for financial aid is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

Student Signature

Date

Parent/Spouse Signature

Date

****All signatures must be physical signatures, digital and typed signatures will not be accepted.
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.**

Financial Aid Office Contact Information		
Phone: 402-461-7391	Fax: 402-461-7714	Email: hcfinaid@hastings.edu