

**Independent Student  
Household Verification Worksheet  
2020-2021**



**Student's Name:** \_\_\_\_\_

**HC ID# or last 4# of SSN:** \_\_\_\_\_

We have received your 2020-21 Free Application for Federal Student Aid (FAFSA). Your FAFSA was selected for a process called "Verification". Hastings College is required by federal regulation to collect information to verify that the FAFSA is accurate. Any corrections made based on this documentation will be reported to you by the Federal Student Aid Center on an updated Student Aid Report.

Please complete and return this form to the Office of Financial Aid as soon as possible. Be sure to include your name and either last 4# of your SSN or your HC ID# on all forms you submit to our office.

**Number of Household Members:**

Please list the following people below:

1. Yourself and spouse (if applicable)
2. Your 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, 2020 through June 30, 2021; OR
  - b) The child would be required to provide your parental information if applying for Federal Student Aid
3. Other people if they currently live with you, you provide more than half of their support, and you will continue to provide more than half of their support from July 1, 2020 through June 30, 2021.

Please complete the college name and location information for any household member(s) who will be enrolled at least half time in a degree, diploma or certificate program at a postsecondary institution between July 1, 2020 and June 30, 2021.

Full Name	Date of Birth	Relationship to Student (check appropriate choice)	College Name City and State	Will be Enrolled at Least Half Time in 2020-2021
		Self	Hastings College- Hastings, NE	Yes
		<input type="checkbox"/> Spouse		
		<input type="checkbox"/> Child		
		<input type="checkbox"/> Child		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Child		
		<input type="checkbox"/> Other _____		
		<input type="checkbox"/> Child		
		<input type="checkbox"/> Other _____		

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

Marital Status Change: If you are currently going through a divorce or separation or have been widowed since filing the FAFSA or completing your 2018 joint tax return, please call our office at 402-461-7435. This change may impact your financial aid.

**By signing this form I acknowledge the following:**

I 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 whose household information has been reported on this form. Warning: If you purposely give false or misleading information, you may be fined, sent to prison, or both. \*An electronic signature is not valid.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

Hastings College Office of Financial Aid, Campus Box 10, 710 N Turner Ave, Hastings, NE 68901 <b>Phone:</b> 402-461-7435 <b>Fax:</b> 402-461-7714 <b>Email:</b> hcfinaid@hastings.edu
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