

**Parent of Dependent Student
Household Verification Worksheet
2021-2022**



Student's Name: _____ **Student HC ID# or last 4# of SSN:** _____

We have received your student's 2021-22 Free Application for Federal Student Aid (FAFSA). Your student's 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.

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, 2021 through June 30, 2022; 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, 2021 through June 30, 2022.

Please complete the college name and location information 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, 2021 and June 30, 2022.

Full Name	Date of Birth	Relationship to Student (check appropriate choice)	College Name City and State	Will be Enrolled at Least Half Time in 2021-2022
		Student	Hastings College-Hastings, NE	Yes
		Parent	////////////////////	////////////////////
		Parent/Step-parent	////////////////////	////////////////////
		<input type="checkbox"/> sibling		
		<input type="checkbox"/> other _____		
		<input type="checkbox"/> sibling		
		<input type="checkbox"/> other _____		
		<input type="checkbox"/> sibling		
		<input type="checkbox"/> other _____		
		<input type="checkbox"/> sibling		
		<input type="checkbox"/> other _____		

Please list additional household members on the back of this form including all information required.

*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 2019 joint tax return, please call our office at 402-461-7435. This change may impact your student's financial aid.

By signing this form we 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/we agree to provide proof of the information I/we 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. 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

Parent Signature

Date

Phone number