



SUNY BROCKPORT
Office of Financial Aid

INDEPENDENT STUDENT VERIFICATION WORKSHEET

Student Name: _____ SSN or Banner ID: _____

List the people in your household, include:

- Yourself and your spouse, if married, and
- Your other children if you provide more than half of their support from July 1, 2007 through June 30, 2008
- Other people that live with you if you provide more than half of their support and will continue to provide more than half of their support from July 1, 2007 through June 30, 2008.

Write the names of all household members in the space(s) below. Also, write in the name of the college for any household member who will be attending college at least half time between July 1, 2007 and June 30, 2008, and will be enrolled in a degree granting program.

<u>HOUSEHOLD SIZE</u> NAME (Student and ALL family Members)	Date of Birth	Relationship to Student	Number in College Name of College Attending (if applicable)	Are they or will they be enrolled at least half-time* in a degree granting program? Circle:
STUDENT	/ /	SELF	SUNY BROCKPORT	YES
SPOUSE (Name:)	/ /	SPOUSE		YES or NO
	/ /			YES or NO
	/ /			YES or NO
	/ /			YES or NO
	/ /			YES or NO
	/ /			YES or NO
	/ /			YES or NO

*Half time is 6 credits or equivalent.

CERTIFICATION

By signing this worksheet, I certify that all the information reported is complete and accurate. False or misleading information on this worksheet may result in the loss of my financial aid and/or a fine/prison sentence or both.

Student's Signature _____ Date _____

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

V02 (01/17/07)