

INDEPENDENT STUDENT VERIFICATION WORKSHEET 2016-2017 Academic Year

Your Free Application for Federal Student Aid (FAFSA) was selected for review in a process called "Verification." The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on the FAFSA. In this process, Appalachian State University's Office of Student Financial Aid will compare information from your FAFSA with the financial documents you are required to submit. If there are differences, in most cases we will be able to send the corrections electronically to the federal processor to have your information reprocessed.

To determine the documents you must submit to complete verification, check your financial aid requirements by logging into your AppalNet account and clicking on the "Financial Aid" tab.

Section A: Student Information

Last name First name M.I.

Phone Number (include area code)

You may fax, mail, email or bring your verification documents to:

Mailing Address:

Appalachian State University, Office of Student Financial Aid
ASU Box 32059
Boone, NC 28608-2059

Fax Number: 828-262-2585

Email: financialaid@appstate.edu

You should complete verification as soon as possible, so that your financial aid won't be delayed. Please carefully read and follow the directions in this document, on your AppalNet account and on all other forms you have been requested to submit. If you have questions, please contact our office.

We must receive and review the requested information, under the financial aid program rules (34 CFR, Part 668).

Banner ID Number

ASU E-mail address

Section B: Household size information

List the people in your household; include:

- yourself and your spouse if you are married, and
- your children, if you will provide more than half of their support from July 1, 2016 through June 30, 2017, and
- other people if they now live with you, and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

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, 2016 and June 30, 2017, and will be enrolled in a degree, diploma, or certificate program at an eligible postsecondary educational institution. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE	Will be Enrolled at Least Half-Time (Yes or No)
		Self	Appalachian State University	

Last name First name M.I. Banner ID Number

Section C: Child Support Received

In this section please report any child support received for all children in the family. Please check none or indicate the amount of child support received during 2015.

- Child support received for all children in the family during 2015 None Amount \$ _____

Section D: Child Support Paid

In this section please report any child support paid for all children in the family. Please check none or indicate the amount of child support paid during 2015.

- Child support paid for all children in the family during 2015 None Amount \$ _____

- Name of person who paid child support _____
- Name of person to whom child support was paid _____
- Name and age of child/children for whom support was paid _____

Section E: SNAP Benefits

Has anyone listed in Section B received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years? **Please select yes or no.**

- No one listed in Section B received SNAP benefits in 2014 or 2015.
- Yes, one of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015.

Section F: Sign this Worksheet

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Each person signing below certifies that all the information reported is complete and correct. If married, spouse's signature is optional.

X _____ X _____
Student Signature Date Spouse's Signature (if applicable) Date

Electronic signatures will not be accepted.