# 2019-2020 Verification Worksheet for Independent Students

Student Name: __________________________

Student ID Number: ______________________

## Household Information

List the people in your household, including:

- yourself and your spouse if you have one, and
- your (or your spouse’s) children, even if the children don’t live with you, if you or your spouse will provide more than half of their support from July 1, 2019 through June 30, 2020, and
- other people, if they now live with you and you or your spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2020.

Write the name, age, and relationship of all household members below. If applicable, write the name of the college, university, or program for any family member, who will be attending at least half-time between July 1, 2019 and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program. Attach a separate page if you need more space.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half-Time (Yes or No)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Martha Jones</td>
<td>20</td>
<td>Sister</td>
<td>University of Missouri</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Signature (Required)

By signing this worksheet, I (we) certify that all of the information reported on this worksheet is complete and accurate.

_________________________________________     _________  
Student’s Signature        Date

_________________________________________     _________  
Spouse’s Signature (optional)       Date

Please return this worksheet to Student Financial Services

Washington University in St. Louis, Campus Box 1041, One Brookings Drive, St. Louis, Missouri 63130-4899  
(314) 935-5900, (888) 547-6670, Fax: (314) 935-4037, Email: financial@wustl.edu, Website: sfs.wustl.edu