Hardin-Simmons University Office of Financial Aid

2018-2019 Verification Worksheet

WHY YOU HAVE RECEIVED THIS FORM

Verification is the process in which the financial aid office must obtain documentation to ensure accuracy of the information submitted on the FAFSA. There are many reasons that you may have been selected for verification including incomplete or contradictory information. If there are differences in the information that you provide our office and your FAFSA, then your FAFSA information may need to be corrected. Federal and state aid will not be awarded until this process is complete. Unsolicited documentation received by HSU will be shredded.

Student Information

Last Name: _____ First Name: _____ MI: _____

Student ID: _____ Date of Birth: _____ / _____ / _____ Current E-mail:_____

Contact #: _____ Secondary # (Parent or Spouse): _____

Family Information (Household Size and Number in College)

First list yourself. Next list ALL other people as part of your household (ex: spouse and children or siblings, and parents) only if they now live with you (or with your parents if you are a dependent student). You or your parents must provide more than half of their support AND will continue to provide more than half of their support through June 30, 2019. Attach a separate sheet if necessary.

Full Name	Age	Relationship	College (if attending at least half-time in 2018/ 2019)
		SELF	**Hardin-Simmons University**

Child Support Paid

If you (or your parent(s) if dependent) paid child support in 2016 please complete the following information:

Child Support Recipient: _____ Name of Child(ren): _____

2016 Amount Paid: _____ Signature of Person Paying Support: _____

Food Stamps (SNAP)

❏ Check here if you (or your parent(s) if dependent) received food stamps in 2016 and will provide documentation if requested by the school.

Sign This Worksheet

By signing this worksheet, I (we) certify that all of the information to qualify for federal financial aid is complete and correct. I understand that giving false or misleading information on this worksheet can result in a fine, jail sentence, or both.

_____   _____   _____   _____
Student Signature   **Date**   **Parent Signature (Dependent Students)**   **Date**

HSU Financial Aid Office | HSU Box 16050 | Abilene, TX 79698 | 877-GOHSUTX | (325)670-1217 | FAX: (325)670-5822 or verification@hsutx.edu

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