

2019-20 Verification Worksheet

Independent Student

(V1,V5)

Mail or Fax to: LOC Financial Aid Office
 Brownlee Hall Building
 807 Walker Avenue
 Memphis, TN 38126
 901-435-1550
 901-435-1573(fax #)

Your 2019-20 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Before awarding Federal Student Aid, we ask you to confirm the information you and your spouse, if applicable, reported on your FAFSA. We will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may be required to request additional information to resolve conflicting information.

A. Student's Information

| | | | |
|---|----------------------|--|--------------------------|
| Student's Last Name | Student's First Name | M.I. | SSN Number |
| Student's Street Address (include apt. no.) | | | Student's Date of Birth |
| City | State | Zip Code | Student's E-mail Address |
| Student's Home Phone Number (include area code) | | Student's Alternate or Cell Phone Number | |

B. Student's Number of Household Members and Number in College:

List below the people in the student's household

- **Student**
- **Spouse**, if the student is married.
- **Student's or spouse's children** if the student or spouse will provide more than half of their support from July 1, 2019 through June 30, 2020.
- **Other people**, if they now live with the student and the student or spouse provide **more than half of their support** and will continue to provide **more than half of their support** through June 30, 2020.

For any household member, who will be enrolled, at least half time in a degree, diploma or certificate program at an eligible postsecondary educational institution any time between July 1, 2019 and June 30, 2020, include the name of the college. If more space is needed, provide a separate page with the student's name and SSN number at the top.

| Full Name | Age | Relationship | College | Will be Enrolled at Least Half Time? |
|-----------|-----|--------------|----------------------|--------------------------------------|
| | | Self | LeMoyne-Owen College | |
| | | | | |
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| | | | | |

Student's Name: _____ SSN: _____

E. Verification of Non-taxable Income

Complete this section if the student or spouse received any non-taxable income in 2017. List below the names of the person(s) who received the non-taxable income, the source of the non-taxable income, and the total annual amount of non-taxable income that was received in 2017 for each member listed in section B of this form.

| Name of Person who received Non-taxable income | Source of Non-taxable income | Amount of Non-taxable income received in 2017 |
|--|------------------------------|---|
| | | |
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| | | |

Note: If we have reason to believe that the information regarding the non-taxable income received is not accurate, we may require additional documentation such as:

- Documentation from the source of the non-taxable income.
- A statement from the individual receiving the non-taxable income clarifying the amount received in 2017.
- Copies of non-taxable income statements.

F. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this form below.

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

Student's Signature

Date

Spouse's Signature

Date