HARVARD EXTENSION SCHOOL
**Student Financial Services** • 51 Brattle Street • Cambridge, Massachusetts 02138-3722 • (617) 495-4293 • (617) 495-2921 fax • sfs@dcemail.harvard.edu

# 2016–17 Verification Worksheet: Independent Student Household

Your 2016–17 Free Application for Federal Student Aid (FAFSA) has been selected by the US Department of Education for review in a process called Verification. We are therefore required to confirm certain information you reported on the FAFSA. We will compare your FAFSA with the information you provide below. If there are differences, we will update your FAFSA accordingly. We may ask for additional information. If you have questions about the Verification process please don't hesitate to contact our office.

## A. Student Information *(for institutional identification purposes)*

| **STUDENT LEGAL NAME** (exactly as printed on your government-issued photo ID) | | |
|---|---|---|
| Last/Family/Sur name(s) | First/Given name(s) | Middle name(s) |
| | | |

| **DCE ID NUMBER** (if known) | **SOCIAL SECURITY NUMBER** | **DATE OF BIRTH** example: JAN 01 1994 |
|---|---|---|
| @ | ___ – ___ – ___ | Month (MMM) Day (DD) Year (YYYY) |
| *See* extension.harvard.edu/login *if unsure* | | |

## B. Household Information

Please list the people in your household below (whether or not they will attend college).

**Include:**
- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- 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 through June 30, 2017.

| **FULL NAME** | **AGE** | **RELATIONSHIP** | **COLLEGE** (see below)* |
|---|---|---|---|
| | | Self | Harvard Extension School |
| | | | |
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* Include the name of the college 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, 2016, and June 30, 2017. *If more space is needed, attach a separate page with the student's name and Social Security number at the top.*

**Note:** We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate

## C. Student/Spousal Signature(s)

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

Student's signature _____ Date _____

Spouse's name (if applicable) (please print) _____

Spouse's signature (if applicable) _____ Date _____

**Return completed form to:**
Student Financial Services Office, Harvard Extension School, 51 Brattle Street, Cambridge, MA 02138-3722

**or fax it to:**
(617) 495-2921